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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 191
File Book 28
July 11-1964
Date of Application

MALE
Medical Examination Report Dated July 10-1964
Name of Physician David B. Haggard M.D.

FEMALE
Medical Examination Report Dated June 22-1964
Name of Physician Fred P. Warbington 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 Marshall Middle Lee Last Dellacca

Date of Birth: Month March Day 12 Year 1944

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

Residence Address: Street or R. R. 558 Aron Rd City Plainfield County Hendricks State Ind.

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

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation Navy

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

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

Name	Age	Address

    (b) Are you supporting or contributing to their support? Yes ☐ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father John Dellacca Jr.
    Residence of father (if deceased so state) 558 Aron Rd Plainfield
    Occupation of father Laborer Race of father W
    Birthplace of father (State or foreign country) Clay County Ind.
12. Full maiden name of mother Beulah Annabelle Myers
    Residence of mother (if deceased so state) 558 Aron Rd Plainfield
    Occupation of mother Homemaker Race of mother W
    Birthplace of mother (State or foreign country) Clay County Ind.

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

Signed Marshall L Dellacca

New Address.....

Subscribed and sworn to before me this 11 day of July, 1964.

Claude Hughes Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

See attached Notarized Statement for Mother

State of Indiana, County of HENDRICKS } ss:

Signed John Dellacca Father

Signed ..... Mother

Subscribed and sworn to before me this 11 day of July, 1964

Claude Hughes Clerk

FEMALE APPLICANT

Name: First Donna Middle Darlene Last Carlile

Date of Birth: Month December Day 8 Year 1945

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

Residence Address: Street or R. R. R 1 Box 75 City Plainfield County Hendricks State Ind.

Maiden Name if Different

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

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation unemployed

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

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

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

Signed Donna D. Carlile

New Address.....

Subscribed and sworn to before me this 11 day of July, 1964.

Claude Hughes Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed..... Father

Signed..... Mother

Subscribed and sworn to before me this..... day 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 7-11-64 and filed in Clerks Office authorizes and directs the issuance of a marriage license to the above named parties. 3 days waived

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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 July, 1964, authorizing the joining together as husband and wife Marshall Lee Dellacca and Donna Darlene Carlile

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

I Rev. John Dellacca hereby certify that on the 12 day of July, one thousand nine hundred and 64, at First Baptist Church, County of Hendricks, State of Indiana, Groom Marshall Lee Dellacca of Hendricks County, State of Indiana, and, Bride Donna Darlene Carlile of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of Hendricks County.

Dated this 12 day of July, 1964.

Signed Rev. John Dellacca

Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 13 day of July, 1964.

Signed Claude Hughes Clerk

Hendricks Circuit Court

I hereby give my consent for Marshall L Dellacca to obtain this marriage licens.

Mrs. John Dellacca

7-11-64

C. E. Coleman Notary Public

My Comm Expir 7-14-64

No. 191

File Book-5

July 11-1964
Date of Application

...NSE

...n Report Dated June 22-1964
Fred P. Warbington MD.

...ocures the issuance of a license to marry by any false statement, representa-

MALE APPLICANT

Name: First Marshall; Middle Lee; Last Dellacca

Date of Birth: Month March; Day 12; Year 1944

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

Residence Address: Street or R. R. 558 Cron Rd; City Plainfield; County Hendricks; State Ind

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

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation Navy

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

☐ Other (Specify) Birth Certificate

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

    Name | Age | Address

    (b) Are you supporting or contributing to their support? Yes ☐ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father John Dellacca Jr
    Residence of father (if deceased so state) 558 Cron Rd Plainfield
    Occupation of father Laborer Race of father W
    Birthplace of father (State or foreign country) Clay County Ind
12. Full maiden name of mother Brendah Annabelle Myers
    Residence of mother (if deceased so state) 558 Cron Rd Plainfield
    Occupation of mother Housewife Race of mother W
    Birthplace of mother (State or foreign country) Clay County Ind

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

Signed Marshall L Dellacca

New Address.....

Subscribed and sworn to before me this 11 day of July, 1964.

Claude Hughes Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

See attached Notarized Statement for Mother

State of Indiana, County of HENDRICKS } ss:

Signed John Dellacca Father

Signed ..... Mother

Subscribed and sworn to before me this 11 day of July, 1964

Claude Hughes Clerk

FEMALE APPLICANT

Name: First Donna; Middle Darlene; Last Carlile

Date of Birth: Month December; Day 8; Year 1945

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

Residence Address: Street or R. R. R 1 Box 75; City Plainfield; County Hendricks; State Ind

Maiden Name if Different

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

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation unemployed

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

☐ Other (Specify) Birth Certificate

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

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

Signed Donna D. Carlile

New Address.....

Subscribed and sworn to before me this 11 day of July, 1964.

Claude Hughes Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day 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 7-11-64 and filed in Clerks Office authorizes and directs the issuance of a marriage license to the above named parties. 3 days waived

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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* July, 1964, *authorizing the joining together as husband and wife* Marshall Lee Dellacca *and* Donna Darlene Carlile

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

I Rev. John Dellacca *hereby certify that on the* 12 *day of* July, *one thousand nine hundred and* 64 *at* First Baptist Church, *County of* Hendricks, *State of Indiana, Groom* Marshall Lee Dellacca *of* Hendricks *County, State of* Indiana, *and, Bride* Donna Darlene Carlile *of* Hendricks *County, State of* Indiana, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* Hendricks *County.*

Dated this 12 *day of* July, 1964.

Signed Rev. John Dellacca

Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 13 *day of* July, 1964

Signed Claude Hughes *Clerk*

Hendricks *Circuit Court*

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 192
File Book 28
July 15 1964
Date of Application

MALE
Medical Examination Report Dated July 13, 1964
Name of Physician Harry H. Poras, M.D.

FEMALE
Medical Examination Report Dated July 11, 1964
Name of Physician Wm. M. M. Aiken

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry 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) Peter Fay Howard
Date of Birth (Month, Day, Year) January 14 1943
Place of Birth (State or foreign country) Clinton Mass.
Residence Address (Street or R. R., City, County, State) Georgetown Hill Lancaster Worcester Mass.
Previous Marital Status: Never Married ☑ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race White ☑ Negro ☐ Other ☐ (specify).....
Usual Occupation Student
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify).....

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

Name	Age	Address

    (b) Are you supporting or contributing to their support? Yes ☐ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father John Alexander Howard
    Residence of father (if deceased so state) Lancaster Mass
    Occupation of father Printer Race of father W.
    Birthplace of father (State or foreign country) Mass.
12. Full maiden name of mother Helen Eunice Smith
    Residence of mother (if deceased so state) Lancaster Mass
    Occupation of mother Teacher Race of mother W.
    Birthplace of mother (State or foreign country) Conn.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.
Signed Peter Fay Howard
New Address.....
Subscribed and sworn to before me this 15th day of July, 1964
Claude Hughes Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

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

FEMALE APPLICANT

Name (First, Middle, Last) Katherine Sue Kellum
Date of Birth (Month, Day, Year) June 28 1943
Place of Birth (State or foreign country) Indianapolis Indiana
Residence Address (Street or R. R., City, County, State) 329 S. Mill St - Plainfield Hendricks Indiana
Maiden Name if Different
Previous Marital Status: Never Married ☑ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race White ☐ Negro ☐ Other ☐ (specify).....
Usual Occupation Student
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify).....

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

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.
Signed Katherine Sue Kellum
New Address.....
Subscribed and sworn to before me this 15th day of July, 19 64
Claude Hughes Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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* July, 19 64, *authorizing the joining together as husband and wife* Peter Fay Howard *and* Katherine Sue Kellum

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

I, Edward M. Huenemann *hereby certify that on the* 19 *day of* July, *one thousand nine hundred and* 64 *at* Hanover College, *County of* Jefferson, *State of Indiana, Groom* Peter Fay Howard *of* Worcester *County, State of* Massachusetts *and, Bride* Katherine Sue Kellum *of* Hendricks *County, State of* Indiana, *were by me united 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* July, 19 64.

Signed Edward M. Huenemann
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 21 *day of* July, 19 64.

Signed Claude Hughes *Clerk*
Hendricks *Circuit Court*

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 193
File 28
July 16, 1964
Date of Application

MALE
Medical Examination Report Dated July 13 1964
Name of Physician David B Hagggard

FEMALE
Medical Examination Report Dated July 13 1964
Name of Physician Dr David Haggard

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

MALE APPLICANT

Name: First David Middle Cope Last
Date of Birth: Month May Day 16 Year 1946
Place of Birth (State or foreign country) Indianapolis Ind.
Residence Address: Street or R. R. R R 5 Mooresville City Hendricks County Indiana State
Previous Marital Status: Never Married ☐ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☒ Negro ☐ Other ☐ (specify).....
Usual Occupation Gibson Company
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☐ Other (Specify).....

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

    Name Age Address

    (b) Are you supporting or contributing to their support? Yes ☐ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father Ralph Carl Cope
    Residence of father (if deceased so state) Mooresville
    Occupation of father Mechanic Race of father W
    Birthplace of father (State or foreign country) Indiana
12. Full maiden name of mother Elizabeth Stevens
    Residence of mother (if deceased so state) Mooresville
    Occupation of mother none Race of mother W
    Birthplace of mother (State or foreign country) Indiana

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

Signed David Cope
New Address.....

Subscribed and sworn to before me this 16 th day of July, 1964
Claude Hughes Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed Ralph C Cope Father
Signed Elizabeth M. Cope Mother
Subscribed and sworn to before me this 16 th day of July, 1964
Claude Hughes Clerk

FEMALE APPLICANT

Name: First Gail Middle Lambeth Last
Date of Birth: Month Sept. Day 7 Year 1947
Place of Birth (State or foreign country) White House Tenn.
Residence Address: Street or R. R. 3238 Clover Rd Indpls City Hendricks County Ind. State
Maiden Name if Different
Previous Marital Status: Never Married ☒ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☒ Negro ☐ Other ☐ (specify).....
Usual Occupation C + E Drugs
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☐ Other (Specify).....

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☒ Yes ☐
   Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you afflicted with a transmissible disease? No ☒ Yes ☐
4. Are you related to the groom closer than second cousin? No ☒ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
7. Full name of father George Robert Lambreth
   Residence of father (if deceased so state) deceased
   Occupation of father..... Race of father W
   Birthplace of father (State or foreign country) Tenn.
8. Full maiden name of mother Mildred Gourley
   Residence of mother (if deceased so state) 3238 Clover Rd.
   Occupation of mother none Race of mother W
   Birthplace of mother (State or foreign country) Tenn.

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

Signed Gail Lambreth
New Address.....

Subscribed and sworn to before me this 16 th day of July, 1964
Claude Hughes Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed.....Father
Signed Mildred Walton Mother
Subscribed and sworn to before me this 16 th day of July, 1964
Claude Hughes Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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 st day of July, 1964, authorizing the joining together as husband and wife David Cope and Gail Lambreth
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Carley Bowman hereby certify that on the 24 day of July one thousand nine hundred and 64 at Plainfield, County of Hendricks, State of Indiana, Groom David Cope of Hendricks County, State of Indiana, and, Bride Gail Lambreth of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of Indiana County.
Dated this 21st day of July, 1964.

Signed Carley Bowman
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 29 day of July, 1964
Signed Claude Hughes Clerk
Hendricks Circuit Court

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 194

File

July 16, 1964
Date of Application

MALE
Medical Examination Report Dated July 9, 1964
Name of Physician A Luther F Frondike

FEMALE
Medical Examination Report Dated July 14, 1964
Name of Physician Dr. M O Seamahon

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

MALE APPLICANT

Name: First Burman Middle LaMar Last Graham

Date of Birth: Month Sept. Day 22 Year 1941

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

Residence Address: No. and Street or R. R. 3173 Carson Ave. City Indpls County Marion State Ind.

Previous Marital Status: Never Married ✓ Number of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation Army - Tool & Die.

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

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

Name	Age	Address

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

11. Full name of father Burman W. Graham
    Residence of father (If deceased so state) Indpls, Ind.
    Occupation of father Operator Race of father white
    Birthplace of father (State or foreign country) Tipton Co., Indiana
12. Full maiden name of mother Marjorie M. Ashby
    Residence of mother (If deceased so state) Indpls, Ind.
    Occupation of mother Bookkeeper Race of mother White
    Birthplace of mother (State or foreign country) Royal Center, Indiana

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

Signed Burman LaMar Graham

New Address

Subscribed and sworn to before me this 16 day of July 19 64

Claude Hughes Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed Father

Signed Mother

Subscribed and sworn to before me this day of 19

Clerk

FEMALE APPLICANT

Name: First Bettie Middle Roedonna Last Pirtle

Date of Birth: Month July Day 16 Year 1943

Place of Birth (State or foreign country) Pulaski, Kentucky

Residence Address: No. and Street or R. R. RR #3 City Danville County Hendricks State Ind.

Maiden Name if Different

Previous Marital Status: Never Married ✓ Number of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation L S Ayres

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

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ✓ Yes ☐
   Of Unsound Mind? No ✓ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ✓ Yes ☐
3. Are you afflicted with a transmissible disease? No ✓ Yes ☐
4. Are you related to the groom closer than second cousin? No ✓ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
6. Are you now under the influence of a narcotic drug? No ✓ Yes ☐
7. Full name of father Clebert E. Pirtle
   Residence of father (If deceased so state) Deceased
   Occupation of father Race of father white
   Birthplace of father (State or foreign country) Kentucky
8. Full maiden name of mother Tarastine Katherine Mayfield
   Residence of mother (If deceased so state) RR #3 Danville
   Occupation of mother Housewife Race of mother White
   Birthplace of mother (State or foreign country) Kentucky

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

Signed Bettie Roedonna Pirtle

New Address

Subscribed and sworn to before me this 16 day of July 19 64

Claude Hughes Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed Father

Signed Mother

Subscribed and sworn to before me this day 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 7-16-64 and filed in Danville authorizes and directs the issuance of a marriage license to the above named parties. 3 days waived

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the Hendricks Circuit Court of Indiana dated the 16 day of July 1964, authorizing the joining together as husband and wife Burman LaMar Graham and Bettie Roedonna Pirtle

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

I, Edgar Byron Byron hereby certify that on the 18 day of July one thousand nine hundred and 64 at Maplewood, County of Hendricks, State of Indiana, Groom Burman LaMar Graham of Marion County, State of Indiana and, Bride Bettie Roedonna Pirtle of Hendricks County, State of Indiana, were by me united 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 July 1964.

Signed Edgar Byron

Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 23 day of July 1964

Signed Claude Hughes Clerk
Hendricks Circuit Court

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 195
File Book 28
July 15-1964
Date of Application

MALE
Medical Examination Report Dated July 7-1964
Name of Physician R. W. Kirtley M.D.

FEMALE
Medical Examination Report Dated July 7-1964
Name of Physician R. W. Kirtley M.D.

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

MALE APPLICANT

Name: First John Middle Howard Last Porter
Date of Birth: Month December Day 29 Year 1937
Place of Birth (State or foreign country): Scottsburg Indiana
Residence Address: Street or R. R. 983 W. Main City Danville County Hendricks State Ind
Previous Marital Status: Never Married ☐ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify).....
Usual Occupation: Military Service
Date of birth verified by: ☐ Birth Cert. ☑ Judicial Decree
☐ Other (Specify).....

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☑ Yes ☐
   If answer to 3 is "yes" has the cause of such condition been removed? No ☑ Yes ☐
4. Are you afflicted with a transmissible disease? No ☑ Yes ☐
5. Are you related to the bride closer than second cousin? No ☑ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
8. Are you able to support a family? Yes ☑ No ☐
9. Are you likely to so continue? Yes ☑ No ☐
10. Do you have minor children from one or more former marriages? No ☐ Yes ☐
    (If yes, answer questions a, b, c)
    (a) List their full names, ages and addresses
    Name Age Address
    (b) Are you supporting or contributing to their support? Yes ☐ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father: Malcolm M. Porter
    Residence of father (if deceased so state): 983 W. Main Danville
    Occupation of father: Civil Eng. State of Ind. Race of father: W.
    Birthplace of father (State or foreign country): Jamestown Indiana
12. Full maiden name of mother: Ruth Atcheson
    Residence of mother (if deceased so state): 983 W Main Danville
    Occupation of mother: Teacher Race of mother: W.
    Birthplace of mother (State or foreign country): Parke Co. Indiana

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

Signed John Howard Porter
New Address.....

Subscribed and sworn to before me this 18 day of July, 1964
Claude Hughes Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

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

FEMALE APPLICANT

Name: First Lenora Middle Gail Last Lasley
Date of Birth: Month September Day 25 Year 1942
Place of Birth (State or foreign country): Putnam Co. Greencastle Indiana
Residence Address: Street or R. R. R R #1 City Coatesville County Hendricks State Indiana
Maiden Name if Different
Previous Marital Status: Never Married ☑ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify).....
Usual Occupation: #2 Loader Brownsburg Ind
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify).....

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

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

Signed Lenora Gail Lasley
New Address.....

Subscribed and sworn to before me this 18 day of July, 1964
Claude Hughes Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* Hendricks *Circuit Court of Indiana dated the* 3 *day of* August, 1964, *authorizing the joining together as husband and wife* John Howard Porter *and* Lenora Gail Lasley.

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

I, Rev. Paul M. Porter *hereby certify that on the* 30 *day of* August, *one thousand nine hundred and* sixty four *at* Danville, *State of Indiana, Groom* John H. Porter *of* Hendricks *County, State of* Indiana, *and, Bride* Lenora G. Lasley *of* Hendricks *County, State of* Indiana, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* Hendricks *County.*

Dated this 30 *day of* August, 19 64.

Signed Rev. Paul M. Porter
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 10 *day of* September, 19 64.

Signed Claunda Hughes *Clerk*
Hendricks *Circuit Court*

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 196

File

July 18, 1964
Date of Application

MALE
Medical Examination Report Dated July 13, 1964
Name of Physician Walter McMannis, M.D.

FEMALE
Medical Examination Report Dated July 13, 1964
Name of Physician Walter McMannis 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 profession shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Floyd Middle Thomas Last Carr

Date of Birth: Month 4 Day 6 Year 1943

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

Residence Address: Street or R. R. 377 Sugargrove City Plainfield County Hend. State Indiana

Previous Marital Status: Never Married ☑ Number of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation Tree Surgeon

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

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

Name	Age	Address

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

11. Full name of father Smith Thomas Carr
    Residence of father (If deceased so state) Plainfield Ind
    Occupation of father Johnson's Elec. Co. Race of father White
    Birthplace of father (State or foreign country) Tennessee
12. Full maiden name of mother Jennie Lee Hubb
    Residence of mother (If deceased so state) Plainfield, Ind.
    Occupation of mother Housewife Race of mother White
    Birthplace of mother (State or foreign country) Kentucky

State of Indiana, County of HENDRICKS } ss:

I depose and state the information given in this application is true and correct.

Signed Floyd Carr

New Address

Subscribed and sworn to before me this 18 day of July, 19 64
Claude Hughes Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

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

..... Clerk

FEMALE APPLICANT

Name: First Helen Middle Bernice Last Davey

Date of Birth: Month June Day 6 Year 1944

Place of Birth (State or foreign country) Kentucky

Residence Address: Street or R. R. RR #2 Box 107 City Indianapolis County Hend. State Indiana

Maiden Name if Different

Previous Marital Status: Never Married ☑ Number of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation

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

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
7. Full name of father Terrell Ransom Davey
   Residence of father (If deceased so state) Indianapolis, Ind.
   Occupation of father Farmer Race of father White
   Birthplace of father (State or foreign country) Kentucky
8. Full maiden name of mother Lottie Mae Hammons
   Residence of mother (If deceased so state) Indpls, Hendricks Ind.
   Occupation of mother Housewife Race of mother White
   Birthplace of mother (State or foreign country) Kentucky

State of Indiana, County of HENDRICKS } ss:

I depose and state the information given in this application is true and correct.

Signed Helen Davey

New Address

Subscribed and sworn to before me this 18 day of July, 19 64
Claude Hughes Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed Jim R. Davey Father

Signed Hattie M Davey Mother

Subscribed and sworn to before me this 18 day of July, 19 64
Claude Hughes Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the Hendricks Circuit Court of Indiana dated the 22 day of July, 19 64, authorizing the joining together as husband and wife Floyd Thomas Carr and Helen Bernice Davey

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

I, Eugene C. Crawley hereby certify that on the 24 day of July, one thousand nine hundred and 64 at Plainfield, County of Hendricks, State of Indiana, Groom Floyd Thomas Carr of Hendricks County, State of Indiana, and, Bride Helen Bernice Davey 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 July, 19 64.

Signed Eugene C. Crawley

Official Designation Justice Of Peace

Filed and recorded in accordance with the laws of the State of Indiana this 28 day of July, 19 64

Signed Claude Hughes Clerk
Hendricks Circuit Court

8

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LIC...

HENDRICKS County

...20 1964
...pte of Application

MALE
Medical Examination Report Dated July 16, 1964
Name of Physician Irving Colbert

FEMALE
Medical Examination Report Dated July 16, 1964
Name of Physician Irving Taylor

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

MALE APPLICANT

Name: First Thomas Middle Lee Last Taylor
Date of Birth: Month June Day 20 Year 1944
Place of Birth (State or foreign country) Greenup Kentucky
Residence Address: Street or R. R. 309 Stadium Dr City Brownsburg County Hendricks State Ind
Previous Marital Status: Never Married ☐ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify).....
Usual Occupation Parts Salesman - Radio Equip
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) Drivers License

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

Name	Age	Address

    (b) Are you supporting or contributing to their support? Yes ☐ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father Robert S. Taylor
    Residence of father (if deceased so state) Greenup Kentucky
    Occupation of father State Highway Race of father W
    Birthplace of father (State or foreign country) Kentucky
12. Full maiden name of mother Edara Bennett
    Residence of mother (if deceased so state) Greenup Ky
    Occupation of mother none Race of mother W.
    Birthplace of mother (State or foreign country) Kentucky

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

Signed Thomas L Taylor
New Address.....

Subscribed and sworn to before me this 20th day of July, 1964
Claude Hughes Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this 20th day of July, 1964
Claude Hughes Clerk

FEMALE APPLICANT

Name: First Virginia Middle Ann Last Hayes
Date of Birth: Month Sept Day 1 Year 1946
Place of Birth (State or foreign country) Harrisburg Kentucky
Residence Address: Street or R. R. 256 Park City Plainfield County Hendricks State Ind.
Maiden Name if Different
Previous Marital Status: Never Married ☑ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify).....
Usual Occupation C & E Drug
Date of birth verified by: ☐ Birth Cert, ☐ Judicial Decree
☐ Other (Specify) Drivers License

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

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

Signed Virginia Hayes
New Address.....

Subscribed and sworn to before me this 20th day of July, 1964
Claude Hughes Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this 20th day of July, 1964
Claude Hughes Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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* July, 19 64, *authorizing the joining together as husband and wife* Thomas Lee Taylor *and* Virginia Anne Hayes
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Warren A. Robbins *hereby certify that on the* 25 *day of* July, *one thousand nine hundred and* 64, *at* Plainfield, *County of* Hendricks, *State of Indiana, Groom* Thomas Lee Taylor *of* Hendricks *County, State of* Indiana, *and, Bride* Virginia Anne Hayes *of* Hendricks *County, State of* Indiana, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* Hendricks *County.*
Dated this 25 *day of* July, 19 64.

Signed Warren A. Robbins
Official Designation Christian Minister

Filed and recorded in accordance with the laws of the State of Indiana this 28 *day of* July, 19 64.
Signed Claude Hughes Clerk
Hendricks Circuit Court

8

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 197
File 28
July 20 1964
Date of Application

MALE
Medical Examination Report Dated July 16, 1964
Name of Physician Irving Colson

FEMALE
Medical Examination Report Dated July 16, 1964
Name of Physician Irving Taylor

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

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Place of Birt Fre
Residence Ad 309 S
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Last Marriage
Color or Race
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in ..... authorizes and directs the issuance of a marriage license to the above named parties.

FILED
JUL 20 1964
Claude Hughes
CLERK HENDRICKS CIRCUIT COURT SUPERIOR

TO WHOM IT MAY CONCERN:

This will certify that I, William E. Hayes and Reba L Hayes, 256 Park Street, Plainfield, Indiana, father and mother of Virginia Hayes, hereby give our permission for said Virginia Hayes to marry Thomas Lee Taylor.

William E. Hayes
William E. Hayes

Reba L. Hayes
Reba L. Hayes

Subscribed and sworn to this 18th day of July, 1964.

Horace A. Arnold Notary Public, Hendricks County Indiana.
Horace A. Arnold

My Commission espires 9/20/66.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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* July, 19 64, *authorizing the joining together as husband and wife* Thomas Lee Taylor *and* Virginia Anne Hayes

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

I, Warren A. Robbins *hereby certify that on the* 25 *day of* July *one thousand nine hundred and* 64 *at* Plainfield, *County of* Hendricks, *State of Indiana, Groom* Thomas Lee Taylor *of* Hendricks *County, State of* Indiana *and, Bride* Virginia Anne Hayes *of* Hendricks *County, State of* Indiana, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* Hendricks *County.*

Dated this 25 *day of* July, 19 64.

Signed Warren A. Robbins
Official Designation Christian Minister

Filed and recorded in accordance with the laws of the State of Indiana this 28 *day of* July, 19 64.

Signed Claude Hughes *Clerk*
Hendricks *Circuit Court*

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

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE
HENDRICKS County

No. 197
File 28
July 20 1964
Date of Application

MALE
Medical Examination Report Dated July 16, 1964
Name of Physician Irving Colvin

FEMALE
Medical Examination Report Dated July 16, 1964
Name of Physician Irving Taylor

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

Name Thom
Date of Birth
Place of Birth (S Greenup
Residence Address 309 Ste
Previous Marital S
Last Marriage Ende
Color or Race
Usual Occupation
Date of birth verified
☐ Other (Specify)
1. Are you now or h An Imbecile? Of Unsound
2. Are you under gu
3. Are you now or h home for indigent
If answer to 3 is "
4. Are you afflicted w
5. Are you related to
6. Are you now unde
7. Are you now unde
8. Are you able to s
9. Are you likely to
10. Do you have mino (If yes, answer qu (a) List their full Nam
(b) Are you supp
(c) Are you comp their support
11. Full name of fath
Residence of fath
Occupation of fat
Birthplace of fath
12. Full maiden name
Residence of moth
Occupation of mot
Birthplace of moth
State of Indiana,
County of HEND

New
Subscribed and sworn t Clerk

CONSENT OF PARE
We, the parents, of th
signs, state facts whic

State of Indiana,
County of HENC
Sign
Sign
Subscribed and sworn t

COMPLETE IF I

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

OFFICE OF
GREENUP COUNTY COURT CLERK
GREENUP, KENTUCKY

LESLIE H. MOORE
CLERK

FILED
JUL 20 1964
Claude Hughes
CLERK HENDRICKS CIRCUIT COURT SUPERIOR

TO WHOM IT MAY CONCERN:

This will certify that I, Robert Taylor, and Edarea Taylor, of Route #2, Greenup, Kentucky, father and mother of Thomas Lee Taylor, hereby give our permission for said Thomas Lee Taylor to marry Virginia Hayes.

Robert Taylor

Edarea Taylor

Subscribed and sworn to this the 3rd day of July, 1964.

Leslie H. Moore, Clerk
Greenup County Court
by: Mary Alice Eastwood D.C.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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* July, *19* 64, *authorizing the joining together as husband and wife* Thomas Lee Taylor *and* Virginia Anne Hayes.

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

I, Warren A. Robbins *hereby certify that on the* 25 *day of* July, *one thousand nine hundred and* 64, *at* Plainfield, *State of Indiana, Groom* Thomas Lee Taylor *of* Hendricks *County, State of* Indiana, *and, Bride* Virginia Anne Hayes *of* Hendricks *County, State of* Indiana, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* Hendricks *County.*

Dated this 25 *day of* July, *19* 64.

Signed Warren A. Robbins
Official Designation Christian Minister

Filed and recorded in accordance with the laws of the State of Indiana this 28 *day of* July, *19* 64.

Signed Claude Hughes *Clerk*
Hendricks *Circuit Court*

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 198

File

July 20, 1964
Date of Application

MALE
Medical Examination Report Dated July 2, 1964
Name of Physician M. M. Aiker

FEMALE
Medical Examination Report Dated July 2, 1964
Name of Physician M. M. Aiker

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

MALE APPLICANT

Name: First Paul Middle Stafford, Jr. Last

Date of Birth: Month 2 December Day 13 Year 1946

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

Residence Address: Street or R. R. RR #6 City Martinsville County Morgan State Ind.

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

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation Laborer

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

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

Name	Age	Address

    (b) Are you supporting or contributing to their support? Yes ☐ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father Paul Stafford, Jr.
    Residence of father (if deceased so state) Martinsville, Ind.
    Occupation of father Contractor Race of father White
    Birthplace of father (State or foreign country) Brooklyn, Indiana
12. Full maiden name of mother Edna Mae Crawshaw
    Residence of mother (if deceased so state) Martinsville, Ind.
    Occupation of mother housewife Race of mother White
    Birthplace of mother (State or foreign country) Indpls., Indiana

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

Signed Paul Stafford Jr.

New Address.....

Subscribed and sworn to before me this 20 day of July, 19 64.

Claude Hughes Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed Paul Stafford Father

Signed Edna Mae Stafford Mother

Subscribed and sworn to before me this 20 day of July, 19 64.

Claude Hughes Clerk

FEMALE APPLICANT

Name: First Nancy Middle Kay Last Sering

Date of Birth: Month March Day 16 Year 1947

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

Residence Address: Street or R. R. (RR #1 Box 258 City Camby County Hend State Ind.

Maiden Name if Different

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

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation

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

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
7. Full name of father Charles Thomas Sering Sr.
   Residence of father (if deceased so state) RR #1 Camby Hendrics Co. Ind.
   Occupation of father farmer Race of father White
   Birthplace of father (State or foreign country) Crawfordsville, Ind.
8. Full maiden name of mother Marjorie Wynona Butterfield
   Residence of mother (if deceased so state) Camby Indiana
   Occupation of mother housewife Race of mother white
   Birthplace of mother (State or foreign country) Hasport, Indiana

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

Signed Nancy Kay Sering

New Address.....

Subscribed and sworn to before me this 20 day of July, 19 64.

Claude Hughes Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed Charles T. Sering Sr. Father

Signed Marjorie W. Sering Mother

Subscribed and sworn to before me this 20 day of July, 19 64.

Claude Hughes 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 July 20, 1964 and filed in Hendricks County authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the Hendricks *Circuit Court of Indiana dated the* 20 *day of* July, 19 64, *authorizing the joining together as husband and wife* Paul Stafford, Jr *and* Nancy Kay Sering

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

I, Lincoln D. Stafford *hereby certify that on the* 25 *day of* July, *one thousand nine hundred and* 64 *at* Noblesville, *County of* Hendricks, *State of Indiana, Groom* Paul Stafford, Jr *of* Hamilton *County, State of* Indiana *and, Bride* Nancy Kay Sering *of* Hendricks, *County, State of* Indiana, *were by me united 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* July, 19 64.

Signed Lincoln D Stafford

Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 31 *day of* July, 19 64.

Signed Claude Hughes Clerk

Hendricks Circuit Court

No. 199
File 28

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

July 20 1964
Date of Application

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

Remarriage

MALE
Medical Examination Report Dated July 10, 1964
Name of Physician James Black

FEMALE
Medical Examination Report Dated June 30, 1964
Name of Physician Glen D. Ryan

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

MALE APPLICANT

Name: First Norman Middle Russell Last Green
Date of Birth: Month June Day 18th Year 1903
Place of Birth (State or foreign country) Maryland
Residence Address: Street or R. R. R R 1 City Danville County Hendricks State Ind.
Previous Marital Status: Never Married ☐ Number of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify)
Usual Occupation Crane Operator
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) Drivers license

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

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

Signed Norman Russell Green
New Address

Subscribed and sworn to before me this 20th day of July, 1964
Claude Hughes Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

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

FEMALE APPLICANT

Name: First Lavon Middle Last Green
Date of Birth: Month April Day 26 Year 1909
Place of Birth (State or foreign country) Indianapolis Indiana
Residence Address: Street or R. R. 2670 Cold Springfield City Indpls County Marion State Indiana
Maiden Name if Different Lavon Steinruck
Previous Marital Status: Never Married ☐ Number of Previous Marriages 2
Last Marriage Ended By: Death ☑ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify)
Usual Occupation Secy
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) Drivers Licens

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

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

Signed Lavon Green
New Address

Subscribed and sworn to before me this 20th day of July, 1964
Claude Hughes Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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 July, 1964, authorizing the joining together as husband and wife Norman Russell Green and Lavon Green
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, David L. Barnett hereby certify that on the 24 day of July, one thousand nine hundred and 64 at Avon, County of Hendricks, State of Indiana, Groom, Norman Russell Green of Hendricks County, State of Indiana, and, Bride, Ella Lavon Green 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 July, 1964.

Signed David L. Barnett
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 27 day of July, 1964.

Signed Claude Hughes Clerk
Hendricks Circuit Court

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 200
File Book 28
July 22 - 1964.
Date of Application

MALE
Medical Examination Report Dated July 14-64
Name of Physician Lloyd S. Terry MD.

FEMALE
Medical Examination Report Dated July 14-1964
Name of Physician Lloyd S. Terry MD.

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

MALE APPLICANT

Name: First James Middle Lowell Last Pritchett
Date of Birth: Month November Day 25 Year 1945
Place of Birth (State or foreign country): Indianapolis Indiana
Residence Address: Street or R. R. RR3 - Danville City Hendricks County State Ind.
Previous Marital Status: Never Married ☑ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify).....
Usual Occupation: Farmer
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) Selective Service Card.

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

Name	Age	Address

    (b) Are you supporting or contributing to their support? Yes ☐ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father: Jarvell Pritchett
    Residence of father (if deceased so state): RR3 Danville Ind.
    Occupation of father: farmer Race of father: W.
    Birthplace of father (State or foreign country): Boone Co. Indiana
12. Full maiden name of mother: Ruth Marie Russells
    Residence of mother (if deceased so state): RR3 Danville Ind
    Occupation of mother: Housewife Race of mother: W.
    Birthplace of mother (State or foreign country): Putnam Co. Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.
Signed: James Lowell Pritchett
New Address:
Subscribed and sworn to before me this 22 day of July, 1964
Claude Hughes. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:
Signed: Jewell B. Pritchett Father
Signed: Ruth M. Pritchett Mother
Subscribed and sworn to before me this 22 day of July, 1964.
Claude Hughes. Clerk

FEMALE APPLICANT

Name: First Betty Middle Jean Last Hughes.
Date of Birth: Month August Day 1 Year 1945
Place of Birth (State or foreign country): Indiana Indianapolis Indiana.
Residence Address: Street or R. R. 221 So. Jefferson City Danville County Hendricks State Ind.
Maiden Name if Different
Previous Marital Status: Never Married ☑ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify).....
Usual Occupation: Light Company Danville.
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) Birth Certificate.

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☐ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
7. Full name of father: Orville Morris Hughes.
   Residence of father (if deceased so state): deceased
   Occupation of father: Race of father: W.
   Birthplace of father (State or foreign country): Morgantown Indiana
8. Full maiden name of mother: Evelyn Miller
   Residence of mother (if deceased so state): 221 So Jefferson, Danville
   Occupation of mother: housewife Race of mother: W.
   Birthplace of mother (State or foreign country): Morgantown Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.
Signed: Betty Jean Hughes
New Address:
Subscribed and sworn to before me this 22 day of July, 1964
Claude Hughes. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* Hendricks *Circuit Court of Indiana dated the* 26 *day of* July, 1964, *authorizing the joining together as husband and wife* James Lowell Pritchett *and* Betty Jean Hughes.

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

I, Rev. Robert L. Rice hereby certify that on the 26 day of July, one thousand nine hundred and 64 at Lizton, County of Hendricks State of Indiana, Groom James Lowell Pritchett of Hendricks County, State of Indiana and, Bride Betty Jean Hughes of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of Hendricks County.

Dated this 26 day of July, 1964.

Signed Rev. Robert L. Rice
Official Designation Pastor

Filed and recorded in accordance with the laws of the State of Indiana this 28 *day of* July, 1964.

Signed Claude Hughes Clerk
Hendricks Circuit Court

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 201
File Book 28
July 22-1964
Date of Application

MALE
Medical Examination Report Dated June 23-1964
Name of Physician L. M. Hadley MD.

FEMALE
Medical Examination Report Dated June 23-1964
Name of Physician L. M. Hadley 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 Arley Middle Lee Last Burd Jr.
Date of Birth: Month September Day 7 Year 1943
Place of Birth (State or foreign country): Louisville Kentucky Laurel Co.
Residence Address: Street or R. R. RR3 Box 187 City Danville County Hendr State Ind.
Previous Marital Status: Never Married ☑ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify).....
Usual Occupation Farmer.
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) Birth Certificate

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

    Name Age Address

    (b) Are you supporting or contributing to their support? Yes ☐ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father Arley Lee Burd
    Residence of father (if deceased so state) Deceased
    Occupation of father..... Race of father W.
    Birthplace of father (State or foreign country) Pittsburg Pepn.
12. Full maiden name of mother Verlie Venis Weaver
    Residence of mother (if deceased so state) RR3 - Danville
    Occupation of mother Homemaker Race of mother W.
    Birthplace of mother (State or foreign country) Laurel Co. Kentucky

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

Signed Arley Lee Burd Jr.
New Address.....

Subscribed and sworn to before me this 22 day of July, 1964
Claude Hughes Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed.....Father
Signed Verlie Venis Gross Mother

Subscribed and sworn to before me this 22 day of July, 1964
Claude Hughes Clerk

FEMALE APPLICANT

Name: First Betty Middle Lou Last Dever
Date of Birth: Month September Day 28 Year 1943
Place of Birth (State or foreign country): Noblesville Indiana
Residence Address: Street or R. R. RR 1 City Pittsboro County Hendricks State Ind.
Maiden Name if Different
Previous Marital Status: Never Married ☑ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify).....
Usual Occupation Shipping Clerk
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) Birth Certificate

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
7. Full name of father Ralph Calvin Dever
   Residence of father (if deceased so state) Pittsboro RR#1 Ind.
   Occupation of father Laborer Race of father W.
   Birthplace of father (State or foreign country) New Winchester Ind.
8. Full maiden name of mother Dessie Beulah Murray
   Residence of mother (if deceased so state) Pittsboro Ind RR-1
   Occupation of mother Housewife Race of mother W
   Birthplace of mother (State or foreign country) Albany Kentucky

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

Signed Betty Lou Dever
New Address.....

Subscribed and sworn to before me this 22 day of July, 19 64
Claude Hughes Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed.....Father
Signed.....Mother

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* Hendricks *Circuit Court of Indiana dated the* 22 *day of* July, 19 64, *authorizing the joining together as husband and wife* Arley Lee Burd Jr. *and* Betty Lou Dever
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, O. T. Hancock, *hereby certify that on the* 1st *day of* August, *one thousand nine hundred and* 64, *State of Indiana, Groom* Arley Lee Burd, Jr. *at* Plainfield, *County of* Hendricks, *and, Bride* Betty Lou Dever *of* Hendricks *County, State of* Indiana, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* Hendricks *County.*
Dated this 1st *day of* August, 19 64.

Signed O. T. Hancock
Official Designation Justice of the Peace

Filed and recorded in accordance with the laws of the State of Indiana this 5 *day of* August, 19 64.

Signed Claude Hughes Clerk
Hendricks Circuit Court

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 202

File

July 25, 1964
Date of Application

MALE
Medical Examination Report Dated July 20, 1964
Name of Physician William B Kriel, M.D.

FEMALE
Medical Examination Report Dated July 20, 1964
Name of Physician William B Kriel M.D.

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

MALE APPLICANT

Name: First Earl Middle Vernon Last Threewits

Date of Birth: Month April Day 21 Year 1923

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

Residence Address: Street or R. R. 1408 Western Drive City Indpls County Marion State Ind.

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

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation John Deere Parts Dept.

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

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

    Name Age Address

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

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

Signed Earl V Threewits

New Address.....

Subscribed and sworn to before me this 25 day of July, 19 64.

Claude Hughes Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

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

.....Clerk

FEMALE APPLICANT

Name: First Mary Middle Rosiland Last Threewits

Date of Birth: Month Sept Day 3 Year 1925

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

Residence Address: Street or R. R. Rt 2 Box 293 City Plainfield County Hend State Ind.

Maiden Name if Different Mary Rosiland Hains

Previous Marital Status: Never Married ☐ Number of Previous Marriages 9

Last Marriage Ended By: Death ☑ Divorce ☐ Annulment ☐

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

Usual Occupation Clerk. Shopper's Fair

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

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

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

Signed Mary R. Threewits

New Address.....

Subscribed and sworn to before me this 25 day of July, 19 64

Claude Hughes Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

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

.....Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* Hendricks *Circuit Court of Indiana dated the* 29 *day of* July, 19 64, *authorizing the joining together as husband and wife* Earl Vernon Threewits *and* Mary Rosiland Threewits

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

I, Rev. Billy J. Hatt *hereby certify that on the* 29 *day of* July, *one thousand nine hundred and* 64 *at* Hendricks, *County of* Indiana, *State of Indiana, Groom* Earl Vernon Threewits *of* Marion *County, State of* Indiana *and, Bride* Mary Rosiland Threewits *of* Hendricks *County, State of* Indiana, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* Hendricks *County.*

Dated this 29 *day of* July, 19 64.

Signed Rev. Billy J. Hatt

Official Designation Reverend

Filed and recorded in accordance with the laws of the State of Indiana this 31 *day of* July, 19 64.

Signed Claude Hughes Clerk

Hendricks Circuit Court

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 203

File July 25-1964
Date of Application

MALE
Medical Examination Report Dated July 18-1964
Name of Physician Lloyd A Terry

FEMALE
Medical Examination Report Dated July 18-1964
Name of Physician Lloyd A 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 Robert Middle W Last Sweeney

Date of Birth: Month Nov Day 24 Year 1931

Place of Birth (State or foreign country): Indianapolis Ind

Residence Address: R1 Street or R. R. North Salem City County State Ind.

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

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

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

Usual Occupation Lab Technician

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

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

    Name Age Address

    (b) Are you supporting or contributing to their support? Yes ☐ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father William B. Sweeney
    Residence of father (if deceased so state) Indianapolis
    Occupation of father Heat Treat Technician Race of father W
    Birthplace of father (State or foreign country) Kentucky
12. Full maiden name of mother Bertha M. Woods
    Residence of mother (if deceased so state) Indianapolis
    Occupation of mother Housewife Race of mother W
    Birthplace of mother (State or foreign country) Indiana

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

Signed Robert W. Sweeney

New Address

Subscribed and sworn to before me this 25 day of July, 19 64

Claude Hughes Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed Father

Signed Mother

Subscribed and sworn to before me this day of, 19

Clerk

FEMALE APPLICANT

Name: First Myrna Middle Lee Last Baker

Date of Birth: Month Jan Day 22 Year 1934

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

Residence Address: R1 Street or R. R. North Salem City County State Ind.

Maiden Name if Different Myrna Lee Wilson

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

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

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

Usual Occupation Accounting Dept.

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

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☒ Yes ☐
   Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you afflicted with a transmissible disease? No ☒ Yes ☐
4. Are you related to the groom closer than second cousin? No ☒ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
7. Full name of father Paul E Wilson
   Residence of father (if deceased so state) North Salem
   Occupation of father Telephone Co. Worker Race of father W
   Birthplace of father (State or foreign country) Indiana
8. Full maiden name of mother Gipsy D. Mannear
   Residence of mother (if deceased so state) North Salem
   Occupation of mother Housewife Race of mother W
   Birthplace of mother (State or foreign country) Indiana

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

Signed Myrna Lee Baker

New Address

Subscribed and sworn to before me this 25 day of July, 19 64

Claude Hughes Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed Father

Signed Mother

Subscribed and sworn to before me this day of, 19

Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* Hendricks *Circuit Court of Indiana dated the* 29 *day of* July, 1964, *authorizing the joining together as husband and wife* Robert W. Sweeney *and* Myrna Lee Baker.

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

I, Lozier C. Ziegler, hereby certify that on the 1st day of August, one thousand nine hundred and 64, at North Salem RR, County of Hendricks, State of Indiana, Groom Robert W. Sweeney, of Marion County, State of Indiana, and, Bride Myrna Lee Baker, of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of Hendricks County.

Dated this 29 day of July, 19 64.

Signed Lozier C. Ziegler
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 4 *day of* August, 19 64.

Signed Claude Hughes Clerk
Hendricks Circuit Court

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 204

File

July 25, 1964
Date of Application

MALE
Medical Examination Report Dated 7-21-64
Name of Physician Gabriel Schuchman MD.

FEMALE
Medical Examination Report Dated 7-21-64
Name of Physician Gabriel Schuchman, 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 Harold Middle Wayne Last Davis

Date of Birth: Month May Day 9 Year 1943

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

Residence Address: Street or R. R. 1176 South Arnt City Indpls County Marion State Ind.

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

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation Truck Drivers

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

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

    Name Age Address

    (b) Are you supporting or contributing to their support? Yes ☐ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father Homer H. Davis
    Residence of father (if deceased so state) Indpls, Indiana
    Occupation of father Truck Drivers Race of father White
    Birthplace of father (State or foreign country) Indiana
12. Full maiden name of mother Irene Hedge
    Residence of mother (if deceased so state) Indpls, Ind.
    Occupation of mother housewife Race of mother White
    Birthplace of mother (State or foreign country) Indiana

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

Signed Harold Wayne Davis

New Address.....

Subscribed and sworn to before me this 25 day of July, 19 64.

Claude E. Hughes Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

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

.....Clerk

FEMALE APPLICANT

Name: First Dionne Middle Dorothy Last Holmes

Date of Birth: Month Dec Day 4 Year 1944

Place of Birth (State or foreign country) North Tonawanda, New York

Residence Address: Street or R. R. 650 Harlan St City Plainfield County Hend. State Ind.

Maiden Name if Different

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

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation Service Rep. Bell Telephone

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

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

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

Signed Dionne Dorothy Holmes

New Address.....

Subscribed and sworn to before me this 25 day of July, 19 64

Claude E. Hughes Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

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

.....Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* Hendricks *Circuit Court of Indiana dated the* 30 *day of* July, 19 64, *authorizing the joining together as husband and wife* Harold Wayne Davis *and* Dionne Dorothy Holmes

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

I, Anthony R. McLaughlin *hereby certify that on the* 1 *day of* August, *one thousand nine hundred and* 64 *at* Plainfield, *County of* Hendricks, *State of Indiana, Groom* Harold Wayne Davis *of* Marion *County, State of* Indiana, *and, Bride* Dionne Dorothy Holmes *of* Hendricks *County, State of* Indiana, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* Hendricks *County.*

Dated this 30 *day of* July, 19 64.

Signed Anthony R. McLaughlin

Official Designation Pastor

Filed and recorded in accordance with the laws of the State of Indiana this 4 *day of* August, 19 64.

Signed Claude E. Hughes *Clerk*
Hendricks *Circuit Court*

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 205

File

July 25, 1964
Date of Application

MALE
Medical Examination Report Dated July 23, 1964
Name of Physician L. E. Foltz M.D.

FEMALE
Medical Examination Report Dated July 23, 1964
Name of Physician L. E. Foltz 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 Gary Middle Eugene Last Richwine

Date of Birth: Month March Day 3 Year 1944

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

Residence Address: Street or R. R. RR City Brownsburg County Hendricks State Ind.

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

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation Farmer

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

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

Name	Age	Address

    (b) Are you supporting or contributing to their support? Yes ☐ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father Glen Meredith Richwine
    Residence of father (if deceased so state) RR 1 Brownsburg Ind
    Occupation of father Farmer Race of father White
    Birthplace of father (State or foreign country) Brownsburg, Ind.
12. Full maiden name of mother Anna Lorraine Shirley
    Residence of mother (if deceased so state) RR Brownsburg, Ind.
    Occupation of mother Housewife Race of mother White
    Birthplace of mother (State or foreign country) Indpls, Indiana

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

Signed Gary Eugene Richwine

New Address.....

Subscribed and sworn to before me this 25 day of July, 19 64
Claude Hughes Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana,
County of HENDRICKS } ss:

Signed Glen Meredith Richwine Father
Signed Anna Lorraine Richwine Mother

Subscribed and sworn to before me this 25 day of July, 19 64
Claude Hughes Clerk

FEMALE APPLICANT

Name: First Linda Middle Louise Last Leach

Date of Birth: Month Sept Day 21 Year 1947

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

Residence Address: Street or R. R. 627 S. Green City Brownsburg County Hendricks State Ind.

Maiden Name if Different

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

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation

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

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☒ Yes ☐
   Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you afflicted with a transmissible disease? No ☒ Yes ☐
4. Are you related to the groom closer than second cousin? No ☒ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
7. Full name of father Robert Warren Leach
   Residence of father (if deceased so state) Brownsburg, Indiana
   Occupation of father Truck Driver Race of father White
   Birthplace of father (State or foreign country) Linton, Indiana
8. Full maiden name of mother Juanita Maxine Tyler
   Residence of mother (if deceased so state) Brownsburg, Indiana
   Occupation of mother J. C. Penny's Race of mother White
   Birthplace of mother (State or foreign country) Ind. Indiana

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

Signed Linda Louise Leach

New Address.....

Subscribed and sworn to before me this 25 day of July, 19 64
Claude Hughes Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana,
County of HENDRICKS } ss:

Signed Robert Warren Leach Father
Signed Juanita Maxine Leach Mother

Subscribed and sworn to before me this 25 day of July, 19 64
Claude Hughes Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* Hendricks *Circuit Court of Indiana dated the* 29 *day of* July, 1964, *authorizing the joining together as husband and wife* Gary Eugene Richwine *and* Linda Louise Leach
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Rev. Cecil Eaker *hereby certify that on the* 29 *day of* July, *one thousand nine hundred and* 64 *at* Brownsburg, *State of Indiana, Groom* Gary Eugene Richwine *of* Hendricks *County, State of* Indiana, *and, Bride* Linda Louise Leach *of* Hendricks *County, State of* Indiana, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* Hendricks *County.*
Dated this 29 *day of* July, 19 64.

Signed Rev. Cecil Eaker
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 1 *day of* August, 19 64
Signed Claude Hughes Clerk
Hendricks Circuit Court

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 206
File Book 25
July 25-1964.
Date of Application

MALE
Medical Examination Report Dated July 6- 1964
Name of Physician W.C. Stafford M.D.

FEMALE
Medical Examination Report Dated July 6- 1964
Name of Physician W.C. Stafford 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 Russell Middle Alvin Last Myers
Date of Birth: Month February Day 10 Year 1939
Place of Birth (State or foreign country) Hazelwood Hendricks Co. Indiana
Residence Address: Street or R. R. R.R. City Clayton County Hendricks State Indiana
Previous Marital Status: Never Married ☑ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify).....
Usual Occupation Eli Lilly Co. Indpls.
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) Drivers License

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

    Name | Age | Address

    (b) Are you supporting or contributing to their support? Yes ☐ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father Robert Edward Myers
    Residence of father (if deceased so state) R2 Clayton Indiana
    Occupation of father Tobacco Sta Mgr. Race of father W
    Birthplace of father (State or foreign country) Hendricks Co. Ind.
12. Full maiden name of mother Muriel Evelyn Mynatt
    Residence of mother (if deceased so state) R2 Clayton Indiana
    Occupation of mother Housewife Race of mother W
    Birthplace of mother (State or foreign country) Hendricks Co Ind

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

Signed Russell A Myers
New Address.....

Subscribed and sworn to before me this 25 day of July, 19 64
Claude Hughes Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana,
County of HENDRICKS } ss:

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

FEMALE APPLICANT

Name: First Mary Middle Belle Last Shuler
Date of Birth: Month February Day 11 Year 1940
Place of Birth (State or foreign country) Clayton Hendricks Co. Indiana
Residence Address: Street or R. R. Clayton City Hendricks County Indiana State
Maiden Name if Different

Previous Marital Status: Never Married ☑ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify).....
Usual Occupation Public Service Co. Plainfield
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) Drivers License

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

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

Signed Mary Belle Shuler
New Address.....

Subscribed and sworn to before me this 25 day of July, 19 64
Claude Hughes Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana,
County of HENDRICKS } ss:

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* Hendricks *Circuit Court of Indiana dated the* 1st *day of* August, 1964, *authorizing the joining together as husband and wife* Russell Alvin Myers *and* Mary Belle Shuler

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

I, Rev Norman J Groves hereby certify that on the 9th day of August, one thousand nine hundred and 64 at Clayton, County of Hendricks, State of Indiana, Groom Russell Alvin Myers of Hendricks County, State of Indiana, and, Bride Mary Belle Shuler of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of Hendricks County.

Dated this 9 day of August, 19 64.

Signed Norman J. Groves
Official Designation Minister of the Gospel

Filed and recorded in accordance with the laws of the State of Indiana this 10 day of August, 19 64.

Signed Claude Hughes Clerk
Hendricks Circuit Court

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 307
File Book 28
July 27-1964
Date of Application

MALE
Medical Examination Report Dated July 24-1964
Name of Physician Wm. A. Seamahorn M.D.

FEMALE
Medical Examination Report Dated July 24-1964
Name of Physician Wm. A. Seamahorn M.D.

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

MALE APPLICANT

Name: First Roy Middle Thomas Last Schimmel
Date of Birth: Month July Day 12 Year 1932
Place of Birth (State or foreign country) Indiana
Residence Address: Street or R. R. RR 6 Lafayette City Tippecanoe County State Ind.
Previous Marital Status: Never Married ☐ Number of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify)
Usual Occupation Laborer
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) Drivers License

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

Name	Age	Address
Thomas Eugene	7	RR 6 Lafayette

    (b) Are you supporting or contributing to their support? Yes ☑ No ☐
    (c) Are you complying with any court order or orders issued for their support? Father has custody Yes ☑ No ☐
11. Full name of father Roy E Schimmel
    Residence of father (if deceased so state) RR 6 Lafayette Ind
    Occupation of father Laborer Race of father W
    Birthplace of father (State or foreign country) Clinton Co Ind.
12. Full maiden name of mother Audrey Evans
    Residence of mother (if deceased so state) RR 6 Lafayette Ind
    Occupation of mother housewife Race of mother W.
    Birthplace of mother (State or foreign country) Clinton Co Ind.

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

Signed Roy Thomas Schimmel
New Address

Subscribed and sworn to before me this 27 day of July, 1964
Claude Hughes Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

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

FEMALE APPLICANT

Name: First Ruth Middle Ann Last Thomas
Date of Birth: Month October Day 1 Year 1941
Place of Birth (State or foreign country) Casey County Kentucky
Residence Address: Street or R. R. RR 1 Leyton City Hendricks County Indiana State
Maiden Name if Different
Previous Marital Status: Never Married ☑ Number of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify)
Usual Occupation Air Craft. Electronics. Drivers License
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) Drivers License

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
7. Full name of father James Woodrow Thomas
   Residence of father (if deceased so state) Leyton Ind
   Occupation of father Laborer Race of father W.
   Birthplace of father (State or foreign country) Casey Co. Kentucky
8. Full maiden name of mother Julia May Emerson
   Residence of mother (if deceased so state) Leyton Ind
   Occupation of mother Housewife Race of mother W.
   Birthplace of mother (State or foreign country) Casey Co. Kentucky

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

Signed Ruth Ann Thomas
New Address

Subscribed and sworn to before me this 27 day of July, 1964
Claude Hughes Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* Hendricks *Circuit Court of Indiana dated the* 31 *day of* July, 1964, *authorizing the joining together as husband and wife* Roy Thomas Schimmel *and* Ruth Ann Thomas

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

I, Donald H. Fassin *hereby certify that on the* 31st *day of* July, *one thousand nine hundred and* 64 *at* Leyton, Indiana, *County of* Hendricks, *State of Indiana, Groom* Roy Thomas Schimmel *of* Tippecanoe *County, State of* Indiana, *and, Bride* Ruth Ann 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.*

Dated this 31st *day of* July, 1964.

Signed Donald H. Fassin
Official Designation Minister Christian Church Leyton

Filed and recorded in accordance with the laws of the State of Indiana this 15 *day of* August, 1964.

Signed Claude Hughes *Clerk*
Hendricks *Circuit Court*

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 208
File Book 28
July 27 - 1964
Date of Application

MALE
Medical Examination Report Dated July 22 - 1964
Name of Physician Oscar Kaurany M. D. Mooresville

FEMALE
Medical Examination Report Dated July 22 - 1964
Name of Physician Oscar Kaurany M. D. Mooresville

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry 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 Kemp Last Sisk III.
Date of Birth: Month April Day 10 Year 1945
Place of Birth (State or foreign country) Lakeland Florida
Residence Address: Street or R. R. RR #1 City Mooresville County Morgan State Indiana
Previous Marital Status: Never Married ☑ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify).....
Usual Occupation State Hhyway Dept.
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) Drivers License

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

    Name Age Address

    (b) Are you supporting or contributing to their support? Yes ☐ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father Thomas K. Sisk II
    Residence of father (if deceased so state) deceased
    Occupation of father..... Race of father W.
    Birthplace of father (State or foreign country) Colorado Springs Colo.
12. Full maiden name of mother Jayne Sockler
    Residence of mother (if deceased so state) Mooresville RR #1
    Occupation of mother housewife Race of mother W.
    Birthplace of mother (State or foreign country) Marshall Ill.

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

Signed Thomas Kemp Sisk III
New Address.....
Subscribed and sworn to before me this 27 day of July, 19 64
Claude Hughes. HENDRICKS Clerk Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this 27 day of July, 19 64
Claude Hughes. Clerk

FEMALE APPLICANT

Name: First Pamela Middle Irene Last Campbell
Date of Birth: Month August Day 20 Year 1947
Place of Birth (State or foreign country) Indianapolis Marion Co. Ind
Residence Address: Street or R. R. 625 Buchanan City Plainfield County Hendricks State Ind.
Maiden Name if Different
Previous Marital Status: Never Married ☑ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify).....
Usual Occupation unemployed.
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) Drivers Permit.

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☐ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
7. Full name of father Charles W. Campbell
   Residence of father (if deceased so state) 625 Buchanan, Plainfield
   Occupation of father Public Service Race of father W.
   Birthplace of father (State or foreign country) Portland Indiana
8. Full maiden name of mother Regina Louise Showalter
   Residence of mother (if deceased so state) 625 Buchanan Plainfield
   Occupation of mother housewife Race of mother W.
   Birthplace of mother (State or foreign country) Lancaster Ohio

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

Signed Pamela Irene Campbell
New Address 625 Buchanan Plainfield, Ind.
Subscribed and sworn to before me this.....day of....., 19.....
HENDRICKS Clerk Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this 27 day of July, 19 64
Claude Hughes. Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the Hendricks Circuit Court of Indiana dated the 31 day of July, 19 64, authorizing the joining together as husband and wife Thomas Kemp Sisk III and Pamela Irene Campbell

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

I, John L. Said hereby certify that on the 1 day of August, one thousand nine hundred and 64 at Plainfield, County of Hendricks, State of Indiana, Groom Thomas Kemp Sisk III of Morgan County, State of Indiana, and, Bride Pamela Irene Campbell of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of Hendricks County.

Dated this 1st day of August, 19 64.

Signed John L. Said
Official Designation Rector St. Mark's

Filed and recorded in accordance with the laws of the State of Indiana this 3 day of August, 19 64.

Signed Claude Hughes Clerk
Hendricks Circuit Court

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 208
File Boone 28
1964

TO WHOM IT MAY CONCERN:

We the undersigned, the parents of Pamela Irene Campbell, age 16, hereby give our consent for her to marry, Thomas K Sisk III

Regina L. Campbell

Charles W. Campbell

I, X Dayne L Sisk mother of Thomas K Sisk, ~~III~~ age 19, hereby give my consent for him to marry, Pamela Irene Campbell.

X Dayne L. Sisk

Subscribed and sworn to before me this 27th day of July, 1964.

Hayes Evans
Notary Public

NOTARY PUBLIC SEAL INDIANA

My Commission expires
Oct. 15 1964

Signed ..... Mother

Subscribed and sworn to before me this 27 day of July, 1964
Claude Hughes, Clerk

Signed ..... Mother

Subscribed and sworn to before me this 27 day of July, 1964
Claude Hughes, Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* Hendricks *Circuit Court of Indiana dated the* 31 *day of* July, 19 64, *authorizing the joining together as husband and wife* Thomas Kemp Sisk III *and* Pamela Irene Campbell

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

I, John L. Said hereby certify that on the 1 day of August, one thousand nine hundred and 64 at Plainfield, County of Hendricks, State of Indiana, Groom Thomas Kemp Sisk III of Morgan County, State of Indiana, and, Bride Pamela Irene Campbell of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of Hendricks County.

Dated this 1st day of August, 19 64.

Signed John L. Said
Official Designation Rector St. Mark's

Filed and recorded in accordance with the laws of the State of Indiana this 3 day of August, 19 64.

Signed Claude Hughes Clerk
Hendricks Circuit Court

No. 209

File

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

July 28-1964
Date of Application

MALE
Medical Examination Report Dated July 20-1964
Name of Physician Lee D Dupler

FEMALE
Medical Examination Report Dated July 20-1964
Name of Physician Lee D. Dupler

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

MALE APPLICANT

Name: First Edward Middle A Last Ray

Date of Birth: Month April Day 23 Year 1942

Place of Birth (State or foreign country): Kokomo Ind

Residence Address: Street or R. R. 9580 W 10th Ln City Indpls County Hend. State Ind

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

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation: Research & Development Technician

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

☐ Other (Specify).....

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

Name	Age	Address

    (b) Are you supporting or contributing to their support? Yes ☐ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father John E Ray
    Residence of father (if deceased so state) 3131 E. Green Rd Kokomo
    Occupation of father Industrial Engineer Race of father W
    Birthplace of father (State or foreign country) Indiana
12. Full maiden name of mother Eulodene A Yates
    Residence of mother (if deceased so state) Kokomo
    Occupation of mother Housewife Race of mother W
    Birthplace of mother (State or foreign country) Indiana

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

Signed Edward A. Ray

New Address.....

Subscribed and sworn to before me this 25 day of July, 19 64

Claude Hughes Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

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

.....Clerk

FEMALE APPLICANT

Name: First Janet Middle E Last Roach

Date of Birth: Month Oct Day 31 Year 1942

Place of Birth (State or foreign country): Kokomo Ind.

Residence Address: Street or R. R. 947 E Dixie Woodruff City Indpls County Marion State Ind.

Maiden Name if Different

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

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation: Photographer

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

☐ Other (Specify).....

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

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

Signed Janet E Roach

New Address.....

Subscribed and sworn to before me this 28 day of July, 1964

Claude Hughes Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

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

.....Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the Hendricks Circuit Court of Indiana dated the 1st day of August, 1964, authorizing the joining together as husband and wife Edward A. Ray and Janet E. Roach.

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

I, Oliver B. Thomas hereby certify that on the 1 day of August, one thousand nine hundred and 64 at Kokomo, County of Howard, State of Indiana, Groom Edward A. Ray, of Hendricks County, State of Indiana, and, Bride Janet E. Roach, 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 1 day of August, 1964.

Signed Rev. Oliver B. Thomas

Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 8 day of August, 1964.

Signed Claude Hughes Clerk

Hendricks Circuit Court

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 210
File 28
July 28 1964
Date of Application

MALE
Medical Examination Report Dated 7-20-64
Name of Physician J. S. Duncan

FEMALE
Medical Examination Report Dated 7-15-64
Name of Physician L. E. Folty -

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

MALE APPLICANT

Name: First Roy Middle Gilbert Last Moutaw, Jr.
Date of Birth: Month June Day 11 Year 1941
Place of Birth (State or foreign country): Chicago Illinois
Residence Address: 365 Garfield Street or R. R. Gary City Lake County Indiana
Previous Marital Status: Never Married ☑ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify).....
Usual Occupation: Student
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) Drivers license

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

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.
Signed Roy Gilbert Moutaw, Jr
New Address.....
Subscribed and sworn to before me this 28th day of July, 19 64
Claude Hughes Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

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

FEMALE APPLICANT

Name: First Patricia Middle Ann Last Mahan
Date of Birth: Month April Day 13 Year 1942
Place of Birth (State or foreign country) Indianapolis Ind.
Residence Address: Mahan Lane Street or R. R. Brownsburg City Hendricks County Ind. State
Maiden Name if Different
Previous Marital Status: Never Married ☑ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify).....
Usual Occupation
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) Teacher -

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
7. Full name of father James Birnal Mahan II
   Residence of father (if deceased so state) Brownsburg
   Occupation of father Principal Race of father W.
   Birthplace of father (State or foreign country) Terre Haute Ind.
8. Full maiden name of mother Sarah Ellene Glossop -
   Residence of mother (if deceased so state) Brownsburg -
   Occupation of mother Teacher Race of mother W.
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.
Signed Patricia Ann Mahan
New Address.....
Subscribed and sworn to before me this 28th day of July, 19 64
Claude Hughes Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* Hendricks *Circuit Court of Indiana dated the* 6 *day of* August, 19 64, *authorizing the joining together as husband and wife* Roy Gilbert Moutaw, Jr. *and* Patricia Ann Mahan
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Lester B. Yearick *hereby certify that on the* 8 *day of* August, *one thousand nine hundred and* 64 *at* Brownsburg, *County of* Hendricks, *State of Indiana, Groom* Roy Gilbert Moutaw, Jr. *of* Lake *County, State of* Indiana *and, Bride* Patricia Ann Mahan *of* Hendricks *County, State of* Indiana, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* Hendricks *County.*
Dated this 8 *day of* August, 19 64.
Signed Lester B. Yearick
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 11 *day of* August, 19 64.
Signed Claude Hughes *Clerk*
Hendricks *Circuit Court*

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 211

File

August 1, 1964
Date of Application

MALE
Medical Examination Report Dated July 24, 1964
Name of Physician A. N. Sudderth, M.D.

FEMALE
Medical Examination Report Dated July 25, 1964
Name of Physician A. N. Sudderth, 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 Barry Middle K. Last Martin

Date of Birth: Month November Day 9 Year 1940

Place of Birth (State or foreign country): Lee County, Va. City County State

Residence Address: Street or R. R. 414 Murphy Lane City Brownsburg County Hendricks State Ind.

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

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation: Personnel

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

☐ Other (Specify).....

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☑ Yes ☐
   If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☑ Yes ☐
5. Are you related to the bride closer than second cousin? No ☑ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
8. Are you able to support a family? Yes ☑ No ☐
9. Are you likely to so continue? Yes ☑ No ☐
10. Do you have minor children from one or more former marriages? No ☑ Yes ☐
    (If yes, answer questions a, b, c)
    (a) List their full names, ages and addresses
    Name Age Address
    (b) Are you supporting or contributing to their support? Yes ☐ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father: John P. Martin
    Residence of father (if deceased so state): 692 Orange, Smyrna, Fla.
    Occupation of father: Retired Race of father: White
    Birthplace of father (State or foreign country): Virginia
12. Full maiden name of mother: Mayme Howard Lucas
    Residence of mother (if deceased so state): Smyrna, Florida
    Occupation of mother: housewife Race of mother: White
    Birthplace of mother (State or foreign country): Virginia

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

Signed Barry K. Martin

New Address.....

Subscribed and sworn to before me this 1 day of August, 19 64

Claude Hughes Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

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

.....Clerk

FEMALE APPLICANT

Name: First Diane Middle Jo Last Schmidt

Date of Birth: Month September Day 13 Year 1946

Place of Birth (State or foreign country): Fort Wayne, St Joseph Co. Ind.

Residence Address: Street or R. R. 1405 Clinton St. City Noblesville County Hamilton State Ind.

Maiden Name if Different

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

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation —

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

☐ Other (Specify).....

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
7. Full name of father: Harold J. Schmidt
   Residence of father (if deceased so state): 911 E. Knapp Edgewater, Fla.
   Occupation of father: Carpenter Race of father: white
   Birthplace of father (State or foreign country): Indiana
8. Full maiden name of mother: Pauline Constance Bill
   Residence of mother (if deceased so state): Edgewater, Fla.
   Occupation of mother: housewife Race of mother: white
   Birthplace of mother (State or foreign country): Indiana

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

Signed Diane Jo Schmidt

New Address.....

Subscribed and sworn to before me this 1 day of August, 19 64

Claude Hughes Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

see attached

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

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

.....Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the Hendricks Circuit Court of Indiana dated the 5 day of August, 19 64, authorizing the joining together as husband and wife Barry K. Martin and Diane Jo Schmidt

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

I, Rev. Kenneth W. Schroer hereby certify that on the 5 day of August, one thousand nine hundred and 64 at Noblesville, County of Hendricks, State of Indiana, Groom Barry K. Martin of Hendricks County, State of Indiana, and, Bride Diane Jo Schmidt 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 5 day of August, 19 64

Signed Rev. Kenneth W. Schroer

Official Designation Pastor

Filed and recorded in accordance with the laws of the State of Indiana this 7 day of August, 19 64

Signed Claude Hughes Clerk

Hendricks Circuit Court

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No. 211

File

August 1, 1964
Date of Application

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

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

MALE
Medical Examination Report Dated July 24, 1964
Name of Physician A. N. Sudder, M.D.

FEMALE
Medical Examination Report Dated July 25, 1964
Name of Physician A. N. Sudder, M.D.

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

MALE APPLICANT

Name: First Barry Middle K. Last Martin
Date of Birth: Month November Day 9 Year 1940
Place of Birth (State or foreign country) Lee County Ind. Virginia
Residence Address: Street or R. R. 414 Murphy Lane City Brownsburg County Hendr. State Ind.
Previous Marital Status: Never Married ☑ Number of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify)
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Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

FEMALE APPLICANT

Name: First Diane Middle Jo Last Schmidt
Date of Birth: Month September Day 13 Year 1946
Place of Birth (State or foreign country) Fort Wayne, St Joseph Co. Ind.
Residence Address: Street or R. R. 1705 Clinton St. City Noblesville County Hamilton State Ind.
Maiden Name if Different
Previous Marital Status: Never Married ☑ Number of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

TO WHOM IT MAY CONCERN:

This is to certify that the undersigned, father and mother of Diane Jo Schmidt, give their full consent and permission for Diane to be married to Barry Kyle Martin.

Signed: Harold J. Schmidt
Father
Pauline Schmidt
Mother

STATE OF FLORIDA) SS
COUNTY OF VOLUSIA)

Personally appeared before me, an officer duly authorized and acting personally appeared Harold J. Schmidt and Pauline Schmidt and signed the above statement

Witness my hand and official seal this 29th day of July, A.D. 1964

Notary Public, State of Florida at Large
My Commission Expires Sept. 15, 1965

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

.....Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* Hendricks *Circuit Court of Indiana dated the* 5 *day of* August, 19 67, *authorizing the joining together as husband and wife* Barry K. Martin *and* Diane Jo Schmidt

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

I, Rev. Kenneth W. Schroer *hereby certify that on the* 5 *day of* August, *one thousand nine hundred and* 64 *at* Noblesville, *County of* Hendricks, *State of Indiana, Groom* Barry K. Martin *of* Hendricks *County, State of* Indiana, *and, Bride* Diane Jo Schmidt *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 5 *day of* August, 19 64.

Signed Rev. Kenneth W. Schroer
Official Designation Pastor

Filed and recorded in accordance with the laws of the State of Indiana this 7 *day of* August, 19 64.

Signed Claude Hughes Clerk
Hendricks Circuit Court

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 212

File

August 3, 1964
Date of Application

MALE
Medical Examination Report Dated Aug. 3, 1964
Name of Physician Lloyd S. Terry, M.D.

FEMALE
Medical Examination Report Dated Aug. 3, 1964
Name of Physician Lloyd S. Terry, M.D.

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

MALE APPLICANT

Name: First Jerry, Middle Luther, Last Broyles

Date of Birth: Month 2, Day 27, Year 1946

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

Residence Address: Street or R. R. RR #2, City Plainfield, County Hend., State Ind.

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

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation: Farmer

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

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

    Name Age Address

    (b) Are you supporting or contributing to their support? Yes ☐ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father Allen Mose Broyles
    Residence of father (if deceased so state) Plainfield, Ind.
    Occupation of father Farmer Race of father White
    Birthplace of father (State or foreign country) Indiana
12. Full maiden name of mother Esther Marie Barlow
    Residence of mother (if deceased so state) Plainfield, Ind.
    Occupation of mother housewife Race of mother White
    Birthplace of mother (State or foreign country) Indiana

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

Signed Jerry L Broyles

New Address

Subscribed and sworn to before me this 3 day of August, 1964.

Claude Hughes Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed Allen Mose Broyles Father

Signed Esther Marie Broyles Mother

Subscribed and sworn to before me this 3 day of August, 1964.

Claude Hughes Clerk

FEMALE APPLICANT

Name: First Sandra, Middle Jewel, Last York

Date of Birth: Month March, Day 17, Year 1945

Place of Birth (State or foreign country) Tennessee

Residence Address: Street or R. R. RR 3 Box 30, City Danville, County Hend., State Ind.

Maiden Name if Different

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

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation: Clerk

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

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

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

Signed Sandra Jewel York

New Address

Subscribed and sworn to before me this 3 day of August, 1964

Claude Hughes Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed Father

Signed Mother

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

Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the Hendricks Circuit Court of Indiana dated the 6 day of August, 1964, authorizing the joining together as husband and wife Jerry Luther Broyles and Sandra Jewel York

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

I, Conley Bowman hereby certify that on the 9th day of August, one thousand nine hundred and 64 at Plainfield, County of Hendricks, State of Indiana, Groom Jerry Broyles of Hendricks County, State of Indiana, and, Bride Sandra York of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of Hendricks County.

Dated this 9 day of August, 1964.

Signed Conley Bowman

Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 11 day of Aug, 1964

Signed Claude Hughes Clerk

Hendricks Circuit Court

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 213

File Aug 5-1964
Date of Application

MALE
Medical Examination Report Dated July 31-1964
Name of Physician Dr M O Scanahorn

FEMALE
Medical Examination Report Dated July 31-1964
Name of Physician Dr M O Scanahorn

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

MALE APPLICANT

Name: First Stephen Middle H. Last DaVee

Date of Birth: Month Feb Day 22 Year 1943

Place of Birth (State or foreign country): San Diego Calif.

Residence Address: Street or R. R. Pittsboro City Hnd. County Hnd. State Ind.

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

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation: Student + self employed

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

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

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

Signed Stephen H. DaVee

New Address.....

Subscribed and sworn to before me this 5 day of Aug, 19 64

Claude Hughes Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

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

.....Clerk

FEMALE APPLICANT

Name: First Annette Middle Last Fisher

Date of Birth: Month Nov. Day 13 Year 1945

Place of Birth (State or foreign country) Ithaca N.Y.

Residence Address: Street or R. R. 3120 Kessler Blvd City Indpls County Marion State Ind.

Maiden Name if Different

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

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation: Office

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

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

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

Signed Annette Fisher

New Address.....

Subscribed and sworn to before me this 5 day of Aug, 19 64

Claude Hughes Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day 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 8-5-64 and filed in Clerks Office authorizes and directs the issuance of a marriage license to the above named parties. 3 days Waived

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* Hendricks *Circuit Court of Indiana dated the* 5 *day of* August, 19 64, *authorizing the joining together as husband and wife* Stephen H. DaVee *and* Annette Fisher
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Rev. Robert Shipley *hereby certify that on the* 8th *day of* August, *one thousand nine hundred and* 64 *at* Baptist Church, *County of* Marion, *State of Indiana, Groom* Stephen H. DaVee *of* Marion *County, State of* Indiana, *and, Bride* Annette 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 8 *day of* August, 19 64.

Signed Rev. Robert Shipley
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 11 *day of* August, 19 64.

Signed Claude Hughes *Clerk*
Hendricks *Circuit Court*

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 214

File

Aug 5 - 1964
Date of Application

MALE
Medical Examination Report Dated Aug 1 - 1964
Name of Physician Paul Jordan Wenzler

FEMALE
Medical Examination Report Dated Aug 1 - 1964
Name of Physician Paul Jordan Wenzler

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

MALE APPLICANT

Name: First William Middle W Last Davis
Date of Birth: Month Jan. Day 13 Year 1908
Place of Birth (State or foreign country): Indianapolis Ind.
Residence Address: Street or R. R. Rapid City City County So. Dakota State
Previous Marital Status: Never Married ☐ Number of Previous Marriages once
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐
Color or Race: White ☒ Negro ☐ Other ☐ (specify)
Usual Occupation Janitor
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree
☐ Other (Specify)

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

Name	Age	Address

    (b) Are you supporting or contributing to their support? Yes ☐ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father Ernest Davis
    Residence of father (if deceased so state) Deceased
    Occupation of father — Race of father W
    Birthplace of father (State or foreign country) Indiana
12. Full maiden name of mother Mary Frederich
    Residence of mother (if deceased so state) Deceased unknown
    Occupation of mother — Race of mother W
    Birthplace of mother (State or foreign country) Kentucky

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

Signed William W Davis

New Address

Subscribed and sworn to before me this 5 day of Aug, 19 64.

Claude Hughes Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed Father

Signed Mother

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

Clerk

FEMALE APPLICANT

Name: First Nellie Middle Last Brandsgaard
Date of Birth: Month July Day 29 Year 1912
Place of Birth (State or foreign country): Viroqua Vernon Wis.
Residence Address: Street or R. R. Rapid City City County So. Dakota State
Maiden Name if Different Nellie Rabbitt
Previous Marital Status: Never Married ☐ Number of Previous Marriages once
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐
Color or Race: White ☒ Negro ☐ Other ☐ (specify)
Usual Occupation Janitor
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree
☐ Other (Specify)

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☒ Yes ☐
   Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you afflicted with a transmissible disease? No ☒ Yes ☐
4. Are you related to the groom closer than second cousin? No ☒ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
7. Full name of father George M Rabbitt
   Residence of father (if deceased so state) Deceased
   Occupation of father — Race of father W
   Birthplace of father (State or foreign country) ~~Indiana~~ Illinois
8. Full maiden name of mother Nora B Llewllyn
   Residence of mother (if deceased so state) So. Dakota
   Occupation of mother none Race of mother W
   Birthplace of mother (State or foreign country) Minnesota

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

Signed Nellie Brandsgaard

New Address

Subscribed and sworn to before me this 5 day of Aug, 19 64.

Claude Hughes Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed Father

Signed Mother

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

Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* Hendricks *Circuit Court of Indiana dated the* 10 *day of* August, 19 64, *authorizing the joining together as husband and wife* William W. Davis *and* Nellie Brandsgaard

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

I, David C. Turnbull *hereby certify that on the* 10th *day of* August, *one thousand nine hundred and* 64 *at* Danville, *County of* Hendricks, *State of Indiana, Groom* William W. Davis *of* Pennington *County, State of* South Dakota *and, Bride* Nellie L. Brandsgaard *of* Pennington *County, State of* South Dakota *were by me united 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* August, 19 64.

Signed David C. Turnbull

Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 17 *day of* August, 19 64.

Signed Claude Hughes Clerk
Hendricks Circuit Court

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 2 IN
File Book 8
August 8-1964
Date of Application

MALE
Medical Examination Report Dated August 6-1964
Name of Physician W.C. Stafford M.D.

FEMALE
Medical Examination Report Dated August 6-1964
Name of Physician W.C. Stafford M.D.

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

MALE APPLICANT

Name: First Larry Middle Dean Last Blaschke

Date of Birth: Month August Day 13 Year 1946

Place of Birth (State or foreign country): Morgan Co. Indiana

Residence Address: Street or R. R. R 1 Box 563 City Plainfield County Hendricks State Ind.

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

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation Trucker

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

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

Name	Age	Address

    (b) Are you supporting or contributing to their support? Yes ☐ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father Chas. Blaschke
    Residence of father (if deceased so state) R 1 Box 563 Plainfield
    Occupation of father laborer Race of father W.
    Birthplace of father (State or foreign country) Maywood Indiana
12. Full maiden name of mother Thelma Dola Kriepenstroh
    Residence of mother (if deceased so state) R-1 Box 563 Plainfield
    Occupation of mother Housewife Race of mother W
    Birthplace of mother (State or foreign country) Richland Indiana

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

Signed Larry Dean Blaschke

New Address.....

Subscribed and sworn to before me this 8 day of August, 1964
Claude Hughes Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed Charles R. Blaschke Father
Signed Thelma I. Blaschke Mother

Subscribed and sworn to before me this 8 day of August, 1964
Claude Hughes Clerk

FEMALE APPLICANT

Name: First Jo Anna Middle K Last notts

Date of Birth: Month June Day 10 Year 1947

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

Residence Address: Street or R. R. RR 3 Box 1144 City Indianapolis 31 County Hendricks State Ind.

Maiden Name if Different

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

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation unemployed

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

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
7. Full name of father Forest J. Knotts
   Residence of father (if deceased so state) Indpls 31-Hendricks Co. Ind
   Occupation of father Laborer Race of father W.
   Birthplace of father (State or foreign country) Wabash Indiana
8. Full maiden name of mother Martha Wilma Fair
   Residence of mother (if deceased so state) Indpls 31-Hendricks Co. Ind.
   Occupation of mother Housewife Race of mother W
   Birthplace of mother (State or foreign country) Sidney Ohio

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

Signed Jo Anna Knotts

New Address.....

Subscribed and sworn to before me this 8 day of August, 1964
Claude Hughes Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed Forest Joseph Knotts Father
Signed Martha W. Knotts Mother

Subscribed and sworn to before me this 8 day of August, 1964
Claude Hughes 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 August 8-1964 and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties. age and 3 day waiver

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the Hendricks Circuit Court of Indiana dated the 12 day of August, 1964, authorizing the joining together as husband and wife Larry Dean Blaschke and Jo Anna Knotts

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

I, Conley Bowman hereby certify that on the 12 day of August, one thousand nine hundred and 64, at Plainfield, County of Hendricks, State of Indiana, Groom Larry Dean Blaschke of Hendricks County, State of Indiana, and, Bride Jo Anna Knotts of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of Hendricks County.

Dated this 12 day of August, 1964.

Signed Conley Bowman
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 14 day of August, 1964.

Signed Claude Hughes Clerk
Hendricks Circuit Court

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 216
File Book 28
August 8-1964
Date of Application

MALE
Medical Examination Report Dated August 7-1964
Name of Physician Thomas P. Chase M.D.

FEMALE
Medical Examination Report Dated August 7-1964
Name of Physician Thomas P. Chase. 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 Richard Middle Melvin Last Costiglione
Date of Birth: Month March Day 5 Year 1941
Place of Birth (State or foreign country) Terre Haute Vigo Co. Indiana
Residence Address: Street or R. R. 1358 3rd Ave City Terre Haute County Vigo State Ind.
Previous Marital Status: Never Married ☑ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify).....
Usual Occupation Pressman -
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) Drivers Licence Mobile Ala

1. Are you now or have you been adjudged, diagnosed or considered as: An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☑ Yes ☐
   If answer to 3 is "yes" has the cause of such condition been removed? No ☑ Yes ☐
4. Are you afflicted with a transmissible disease? No ☑ Yes ☐
5. Are you related to the bride closer than second cousin? No ☑ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
8. Are you able to support a family? Yes ☑ No ☐
9. Are you likely to so continue? Yes ☑ No ☐
10. Do you have minor children from one or more former marriages? No ☐ Yes ☐
    (If yes, answer questions a, b, c)
    (a) List their full names, ages and addresses
    Name Age Address
    (b) Are you supporting or contributing to their support? Yes ☐ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father Paul Castiglione
    Residence of father (if deceased so state) 1162 Jackson Rd- Mobile Ala
    Occupation of father Archit. Race of father W.
    Birthplace of father (State or foreign country) Indianapolis Ind
12. Full maiden name of mother Elva Viola Abbott
    Residence of mother (if deceased so state) 1358 3rd Ave Terre Haute Ind
    Occupation of mother housewife Race of mother W.
    Birthplace of mother (State or foreign country) Brazil Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.
Signed Richard M Castiglione
New Address.....
Subscribed and sworn to before me this 8 day of August, 1964
Claude Hughes Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

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

FEMALE APPLICANT

Name: First Judy Middle Carol Last Newlin (White).
Date of Birth: Month August Day 27 Year 1947
Place of Birth (State or foreign country) Indianapolis Marion Co Indiana
Residence Address: Street or R. R. R 2 Price Road City Plainfield County Hendricks State Ind.
Maiden Name if Different " " (Newlin restored)
Previous Marital Status: Never Married ☐ Number of Previous Marriages 1
Hendr. Circuit Court marriage annulled. 8/8/64.
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☑
Color or Race: White ☑ Negro ☐ Other ☐ (specify).....
Usual Occupation unemployed
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☐ Other (Specify).....

1. Are you now or have you been adjudged, diagnosed or considered as: An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
7. Full name of father Wendell L Newlin
   Residence of father (if deceased so state) R2 Price Rd Plainfield Ind.
   Occupation of father Mgr. Elevator. Race of father W
   Birthplace of father (State or foreign country) Indianapolis Ind.
8. Full maiden name of mother Millicent Jane Davenport.
   Residence of mother (if deceased so state) R2 Price Rd Plainfield Ind.
   Occupation of mother housewife Race of mother W
   Birthplace of mother (State or foreign country) Kalamazoo Michigan

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.
Signed Judy Carol Newlin
New Address.....
Subscribed and sworn to before me this 8 day of August, 1964
Claude Hughes Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....
notarized statement attached hereto.
from Both Parent

State of Indiana, County of HENDRICKS } ss:
Signed notarized Statement Father
Signed M Jane Newlin Mother
Subscribed and sworn to before me this 8 day of August, 1964
Claude Hughes. 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 Aug 8- 1964 and filed in Circuit authorizes and directs the issuance of a marriage license to the above named parties. 3 da elainer

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* Hendricks *Circuit Court of Indiana dated the* 8 *day of* August *19* 64, *authorizing the joining together as husband and wife* Richard M. Castiglione *and* Judy Carol Newlin
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Eugene E. Crawley *hereby certify that on the* 8 *day of* August, *one thousand nine hundred and* 64 *at* Plainfield, *County of* Hendricks, *State of Indiana, Groom* Richard M Castiglione *of* Vigo *County, State of* Indiana *and, Bride* Judy Carol Newlin *of* Hendricks *County, State of* Indiana, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* Hendricks *County.*
Dated this 8 *day of* August, *19* 64.
Signed Eugene E. Crawley
Official Designation J. P.
Filed and recorded in accordance with the laws of the State of Indiana this 12 *day of* August, *19* 64.
Signed Claude Hughes Clerk
Hendricks Circuit Court

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 216
File Book 28
August 8-1964
Date of Application

MALE
Medical Examination Report Dated August 7-1964
Name of Physician Thomas P. Chase M.D.

FEMALE
Medical Examination Report Dated August 7-1964
Name of Physician Thomas P. Chase. 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 Richard Middle Melvin Last Castiglione
Date of Birth: Month March Day 5 Year 1941
Place of Birth (State or foreign country)
Resi
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FEMALE APPLICANT

Name: First Judy Middle Carol Last Newlin (White).
Date of Birth: Month August Day 27 Year 1947
Place of Birth (State or foreign country)

FILED
AUG - 8 1964
Claude Hughes
CLERK HENDRICKS CIRCUIT COURT SUPERIOR

State of Indiana
Hendricks County

TO WHOM IT MAY CONCERN:

This is to certify that the undersigned, parents of Judy C. Newlin, do hereby give our consent to her marriage.

Signed: Wendell E. Newlin
Wendell E. Newlin, Father
M. Jane Newlin
M. Jane Newlin, Mother.

Before me, a Notary Public in and for the aforesaid county and state, personally appeared the above stated persons, and duly acknowledged the execution of the foregoing instrument.

Eunice E. McGunnicle
Notary Public

NOTARY PUBLIC SEAL INDIANA

My commission expires Sept. 18, 1965

1. 2. 3. 4. 5. 6. 7. 8. 9. 10. 11. 12.

Yes ☐ Yes ☐ Yes ☐ Yes ☐ Yes ☐ Yes ☐ Yes ☐

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19 64
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parent

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 notarized Statement Father
Signed M. Jane Newlin Mother
Subscribed and sworn to before me this 8 day of August, 1964
Claude I Hughes. 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 Aug 8- 1964 and filed in Circuit authorizes and directs the issuance of a marriage license to the above named parties. 3 days waiver

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* Hendricks *Circuit Court of Indiana dated the* 8 *day of* August *19* 64, *authorizing the joining together as husband and wife* Richard M. Castiglione *and* Judy Carol Newlin

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

I, Eugene E. Crawley *hereby certify that on the* 8 *day of* August, *one thousand nine hundred and* 64 *at* Plainfield, *County of* Hendricks, *State of Indiana, Groom* Richard M Castiglione *of* Vigo *County, State of* Indiana *and, Bride* Judy Carol Newlin *of* Hendricks *County, State of* Indiana, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* Hendricks *County.*

Dated this 8 *day of* August, *19* 64.

Signed Eugene E. Crawley
Official Designation J. P.

Filed and recorded in accordance with the laws of the State of Indiana this 12 *day of* August, *19* 64.

Signed Claude I Hughes Clerk
Hendricks Circuit Court

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 217
File Book 28
August 8 1964
Date of Application

MALE
Medical Examination Report Dated August 3-1964
Name of Physician Lloyd Terry M D.

FEMALE
Medical Examination Report Dated August 3-1964
Name of Physician Lloyd Terry 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 Lowell Middle W (only) Last Bailey
Date of Birth: Month March Day 29 Year 1943
Place of Birth (State or foreign country) Boone Co. Indiana
Residence Address: Street or R. R. Leyton City Hendricks County State Ind.
Previous Marital Status: Never Married ☐ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify).....
Usual Occupation Warehouse Work
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) Drivers Licence

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

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

Signed Elizabeth Ann Merritt
New Address Leyton, Indiana
Subscribed and sworn to before me this 8 day of August, 1964
Claude Hughes, Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

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

FEMALE APPLICANT

Name: First Elizabeth Middle Ann Last Merritt
Date of Birth: Month August Day 25 Year 1943
Place of Birth (State or foreign country) Marion Co. Indiana
Residence Address: Street or R. R. Pittsboro City Hendricks County State Indiana
Maiden Name if Different
Previous Marital Status: Never Married ☑ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify).....
Usual Occupation Secy
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) Drivers Licence

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

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

Signed Lowell W. Bailey
New Address Leyton Ind. 1
Subscribed and sworn to before me this 8 day of August, 1964
Claude Hughes, Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* Hendricks *Circuit Court of Indiana dated the* 12 *day of* August *1964, authorizing the joining together as husband and wife* Lowell W. Bailey *and* Elizabeth Ann Merritt

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

I, Phillip D. Frew *hereby certify that on the* 16th *day of* August, *one thousand nine hundred and* 64 *at* Danville, *County of* Hendricks, *State of Indiana, Groom* Lowell W. Bailey *of* Hendricks *County, State of* Indiana, *and, Bride* Elizabeth Ann Merritt *of* Hendricks *County, State of* Indiana, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* Hendricks *County.*

Dated this 16th *day of* August, *19* 64.

Signed Rev. Phillip D. Frew
Official Designation Pastor, Pittsboro Methodist Church

Filed and recorded in accordance with the laws of the State of Indiana this 18 *day of* August, *19* 64.

Signed Claude Hughes *Clerk*
Hendricks *Circuit Court*

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 218
File Book 28
Date of Application

MALE
Medical Examination Report Dated August 4- 1964
Name of Physician A. N. Scudder M.D.

FEMALE
Medical Examination Report Dated August 4-1964
Name of Physician A. N. Scudder, M.D.

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

MALE APPLICANT

Name: First Larry Middle Thomas Last Lovell
Date of Birth: Month August Day 24 Year 1947
Place of Birth (State or foreign country): Indianapolis
Residence Address: Street or R. R. Pittsboro City Marion Co County Hendricks State Indiana Ind.
Previous Marital Status: Never Married ☑ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify).....
Usual Occupation Constr.
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) Drivers License

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

Name	Age	Address

    (b) Are you supporting or contributing to their support? Yes ☐ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father Marvin Lowell
    Residence of father (if deceased so state) Pittsboro
    Occupation of father Farmer Race of father W.
    Birthplace of father (State or foreign country) Pittsboro Ind
12. Full maiden name of mother Vivian Lorraine Shirley
    Residence of mother (if deceased so state) Pittsboro Ind
    Occupation of mother housewife Race of mother W.
    Birthplace of mother (State or foreign country) Lebanon Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.
Signed Larry Thomas Lovell
New Address.....
Subscribed and sworn to before me this 8 day of August, 1964
Claude Hughes. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:
Signed Marvin H. Lovell Father
Signed Vivian L. Klingler Mother
Subscribed and sworn to before me this 8 day of August, 1964
Claude Hughes. Clerk

FEMALE APPLICANT

Name: First Janet Middle Louise Last Hendricks
Date of Birth: Month April Day 19 Year 1947
Place of Birth (State or foreign country): Indianapolis
Residence Address: Street or R. R. Pittsboro City Hendricks County Marion Co State Indiana
Maiden Name if Different
Previous Marital Status: Never Married ☑ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify).....
Usual Occupation unemployed
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) see Waiver by Judge Groover

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

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.
Signed Janet Louise Hendricks
New Address.....
Subscribed and sworn to before me this 8 day of August, 1964
Claude Hughes. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:
Signed Everett Hendricks Father
Signed Mary Louise Hendricks Mother
Subscribed and sworn to before me this 8 day of August, 1964
Claude Hughes. 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 8-8-64 and filed in Circuit Court authorizes and directs the issuance of a marriage license to the above named parties. 3 da Waiver also age - "

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the Hendricks Circuit Court of Indiana, dated the 8 day of August, 19 64, authorizing the joining together as husband and wife Larry Thomas Lovell and Janet Louise Hendricks

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

I, R. B. Pickard hereby certify that on the 8 day of August, one thousand nine hundred and 64 at Danville, County of Hendricks, State of Indiana, Groom Larry Thomas Lovell of Hendricks County, State of Indiana, and, Bride Janet Louise Hendricks of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of Hendricks County.

Dated this 8 day of August, 19 64.

Signed R. B. Pickard
Official Designation J. P.

Filed and recorded in accordance with the laws of the State of Indiana this 8 day of August, 19 64.

Signed Claude Hughes Clerk
Hendricks Circuit Court

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 219

File

Aug 8 - 1964
Date of Application

MALE
Medical Examination Report Dated July 31 - 1964
Name of Physician W C Stafford M D

FEMALE
Medical Examination Report Dated July 31 - 1964
Name of Physician W C Stafford 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 Myron; Middle Herman; Last Heringlake Jr

Date of Birth: Month Aug; Day 18; Year 1929

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

Residence Address: Street or R. R. 867 S Harding; City Plainfield; County Hend.; State Ind.

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

Last Marriage Ended By: Death ☒ Divorce ☐ Annulment ☐

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

Usual Occupation: Dept Mgr of Hy grade Ford Products

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

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

Name	Age	Address
Pamela Sue	8	Plainfield

    (b) Are you supporting or contributing to their support? Yes ☒ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☒
11. Full name of father: Myron H Heringlake Sr
    Residence of father (if deceased so state): Plainfield
    Occupation of father: none Race of father: W
    Birthplace of father (State or foreign country): Indiana
12. Full maiden name of mother: Ethel Bertha Middleton
    Residence of mother (if deceased so state): Plainfield
    Occupation of mother: housewife Race of mother: W
    Birthplace of mother (State or foreign country): Indiana

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

Signed Myron H Heringlake Jr.

New Address

Subscribed and sworn to before me this 8 day of aug, 19 64

Claude J Hughes Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana,
County of HENDRICKS } ss:

Signed Father

Signed Mother

Subscribed and sworn to before me this day of, 19

Clerk

FEMALE APPLICANT

Name: First Lillian; Middle Mae; Last VanSittert

Date of Birth: Month May; Day 9; Year 1927

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

Residence Address: Street or R. R. 1912 Allison; City Speedway; County Marion; State Ind.

Maiden Name if Different: Lillian Mae Gibson

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

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

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

Usual Occupation: Cosmotician

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

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

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

Signed Lillian VanSittert

New Address

Subscribed and sworn to before me this 8 day of aug, 19 64

Claude J Hughes Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana,
County of HENDRICKS } ss:

Signed Father

Signed Mother

Subscribed and sworn to before me this day 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* 12 *day of* August, 19 64, *authorizing the joining together as husband and wife* Myron Herman Heringlake Jr *and* Lillian Mae Van Sittert

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

I, Eugene E. Crawley *hereby certify that on the* 20 *day of* August, *one thousand nine hundred and* 64, *at* Plainfield, *County of* Hendricks, *State of Indiana, Groom* Myron Herman Heringlake, Jr. *and, Bride* Lillian Mae Van Sittert *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 20th *day of* August, 19 64.

Signed Eugene E. Crawley

Official Designation Justice of Peace

Filed and recorded in accordance with the laws of the State of Indiana this 24 *day of* August, 19 64

Signed Claude J Hughes Clerk

Hendricks Circuit Court

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 220
File Book 28
August 8 1964
Date of Application

MALE
Medical Examination Report Dated July 30 1964
Name of Physician John R. Brelin M.D.

FEMALE
Medical Examination Report Dated July 30 - 1964
Name of Physician John R. Brelin M.D.

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

MALE APPLICANT

Name: First Steven Middle Roland Last Thomas
Date of Birth: Month July Day 27 Year 1944
Place of Birth (State or foreign country): Indianapolis Marion Co. Ind.
Residence Address: Street or R. R. 5120 W 15th City Indpls. County Marion. State Ind.
Previous Marital Status: Never Married ☒ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☒ Negro ☐ Other ☐ (specify).....
Usual Occupation RCA Indpls.
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) Drivers Permit.

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

Name	Age	Address

    (b) Are you supporting or contributing to their support? Yes ☐ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father Alfred Thomas
    Residence of father (if deceased so state) Unknown
    Occupation of father..... Race of father W.
    Birthplace of father (State or foreign country) Roachdale Ind
12. Full maiden name of mother Doris Maxine Richardson
    Residence of mother (if deceased so state) 5120 W 15th Indpls
    Occupation of mother Hmac. Race of mother W.
    Birthplace of mother (State or foreign country) Indianapolis Ind

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

Signed Steven Roland Thomas
New Address.....
Subscribed and sworn to before me this 8 day of August, 1964.
Claude Hughes Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed.....Father
Signed David McCracken Mother
Subscribed and sworn to before me this 8 day of August, 1964
Claude Hughes Clerk

FEMALE APPLICANT

Name: First Annette Middle Marene Last Richardson
Date of Birth: Month December Day 22 Year 1944
Place of Birth (State or foreign country): Terre Haute Vigo Indiana
Residence Address: Street or R. R. RR #1 City Lizton County Hendricks State Indiana
Maiden Name if Different
Previous Marital Status: Never Married ☒ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☒ Negro ☐ Other ☐ (specify).....
Usual Occupation unemployed.
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) Drivers License

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☒ Yes ☐
   Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you afflicted with a transmissible disease? No ☒ Yes ☐
4. Are you related to the groom closer than second cousin? No ☒ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
7. Full name of father James R Richardson
   Residence of father (if deceased so state) Lizton RR #1
   Occupation of father Hmac Race of father W
   Birthplace of father (State or foreign country) Dana Indiana
8. Full maiden name of mother Earlene Laverne Nevins
   Residence of mother (if deceased so state) Lizton RR-1
   Occupation of mother Housewife Race of mother W
   Birthplace of mother (State or foreign country) Terre Haute Ind

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

Signed Annette Marene Richardson
New Address.....
Subscribed and sworn to before me this 8 day of August, 1964.
Claude Hughes Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the Hendricks Circuit Court of Indiana dated the 12 day of August, 1964, authorizing the joining together as husband and wife Steven Roland Thomas and Annette Marene Richardson
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Paul W. Koester hereby certify that on the 15th day of August, one thousand nine hundred and 64 at Jamestown, County of Boone, State of Indiana, Groom Steven Roland Thomas of Indianapolis, Marion County, State of Indiana and, Bride Annette Marene 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 15 day of August, 1964.
Signed Paul W. Koester
Official Designation Methodist Minister

Filed and recorded in accordance with the laws of the State of Indiana this 22 day of August, 1964.
Signed Claude Hughes Clerk
Hendricks Circuit Court

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 221

File

August 10 1964
Date of Application

MALE
Medical Examination Report Dated August 6, 1964
Name of Physician O. Kawany, M.D.

FEMALE
Medical Examination Report Dated August 6, 1964
Name of Physician O. Kawany, 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 Charles Middle R Last Bradburn

Date of Birth: Month May Day 1 Year 1930

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

Residence Address: Street or R. R. 60 E. High City Mooresville County Morgan State Ind

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

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

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

Usual Occupation Truck Driver

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

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

Name	Age	Address

    (b) Are you supporting or contributing to their support? Yes ☐ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father Thomas Bradburn
    Residence of father (if deceased so state) deceased
    Occupation of father ..... Race of father White
    Birthplace of father (State or foreign country) Indiana
12. Full maiden name of mother Ruth Thompson
    Residence of mother (if deceased so state) deceased
    Occupation of mother ..... Race of mother white
    Birthplace of mother (State or foreign country) Indiana

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

Signed Charles R Bradburn

New Address

Subscribed and sworn to before me this 10 day of August, 19 64.

Claude Hughes Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

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

..... Clerk

FEMALE APPLICANT

Name: First Sarah Middle Lou Last Thompson

Date of Birth: Month Oct Day 30 Year 1945

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

Residence Address: Street or R. R. RR #1 City Comby County Hend. State Ind.

Maiden Name if Different

Previous Marital Status: Never Married ☑ Number of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation

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

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

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

Signed Sarah Thompson

New Address

Subscribed and sworn to before me this 10 day of August, 19 64

Claude Hughes Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

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

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the ..... County Superior Court by written order issued 8-10-64 and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties. 3 days waived

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* Hendricks *Circuit Court of Indiana dated the* 10 *day of* August, 19 64., *authorizing the joining together as husband and wife* Charles R. Bradburn *and* Sarah Lou Thompson
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, William F. Ruetter *hereby certify that on the* 10 *day of* August, *one thousand nine hundred and* 64, *at* Indianapolis, *County of* Marion, *State of Indiana, Groom* Charles R. Bradburn *of* Morgan *County, State of* Indiana, *and, Bride* Sarah Lou 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 10 *day of* August, 19 64.

Signed William F. Ruetter
Official Designation J. P.

Filed and recorded in accordance with the laws of the State of Indiana this 12 *day of* August, 19 64.

Signed Claude Hughes Clerk
Hendricks Circuit Court

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 222

File

August 11, 1964
Date of Application

MALE
Medical Examination Report Dated July 28, 1964
Name of Physician Lloyd S. Terry, M.D.

FEMALE
Medical Examination Report Dated July 28, 1964
Name of Physician Lloyd S. Terry, 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 profession shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Elvin, Middle Allan, Last Newby

Date of Birth: Month March, Day 1, Year 1944

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

Residence Address: Street or R. R. RR #1, City Coatesville, County Hendricks, State Ind.

Previous Marital Status: Never Married ☑ Number of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation: Allison's

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

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

Name	Age	Address

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

11. Full name of father Maurice Eugene Newby
    Residence of father (If deceased so state) Coatesville, Ind.
    Occupation of father farmer Race of father white
    Birthplace of father (State or foreign country) Indiana
12. Full maiden name of mother Mildred Laura Phillips
    Residence of mother (If deceased so state) Coatesville, Ind.
    Occupation of mother housewife Race of mother white
    Birthplace of mother (State or foreign country) Indiana

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

Signed Elvin Allan Newby

New Address

Subscribed and sworn to before me this 11 day of August, 19 64
Claude Hughes Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed Maurice E. Newby Father
Signed Mildred L. Newby Mother

Subscribed and sworn to before me this 11 day of August, 19 64
Claude Hughes Clerk

FEMALE APPLICANT

Name: First Karen, Middle Sue, Last Collett

Date of Birth: Month August, Day 11, Year 1946

Place of Birth (State or foreign country): Phillips Ind.

Residence Address: Street or R. R. RR #2 Box 208, City Clayton, County Hendricks, State Ind.

Maiden Name if Different

Previous Marital Status: Never Married ☑ Number of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation

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

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
7. Full name of father James Howell Collett
   Residence of father (If deceased so state) Clayton, Ind.
   Occupation of father Lilly's Race of father white
   Birthplace of father (State or foreign country) Martinsville, Indiana
8. Full maiden name of mother Mary Elisa Lorton
   Residence of mother (If deceased so state) Clayton, Ind.
   Occupation of mother housewife Race of mother white
   Birthplace of mother (State or foreign country) Indiana

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

Signed Karen Sue Collett

New Address

Subscribed and sworn to before me this 11 day of August, 19 64
Claude Hughes Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed Father
Signed Mother

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the Hendricks Circuit Court of Indiana dated the 15 day of August, 19 64, authorizing the joining together as husband and wife Elvin Allan Newby and Karen Sue Collett

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

I, O'Neil A. Phelps hereby certify that on the 15th day of August, one thousand nine hundred and 64 at Hazelwood, County of Hendricks, State of Indiana, Groom Elvin Allan Newby of Hendricks County, State of Indiana, and, Bride Karen Sue Collett of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of Hendricks County.

Dated this 15th day of August, 19 64

Signed O'Neil A. Phelps
Official Designation Pastor

Filed and recorded in accordance with the laws of the State of Indiana this 18 day of August, 19 64

Signed Claude Hughes Clerk
Hendricks Circuit Court

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 223

File

Aug 11-1964
Date of Application

MALE
Medical Examination Report Dated Aug 7-1964
Name of Physician John Ellett Jr M D

FEMALE
Medical Examination Report Dated Aug 7-1964
Name of Physician John Ellett Jr M D

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

MALE APPLICANT

Name: First Doyle Middle R Last Webster

Date of Birth: Month Oct Day 24 Year 1941

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

Residence Address: Street or R. R. City Stilesville County Hend. State Ind.

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

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation Farmer

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

☐ Other (Specify).....

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

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

Signed + Doyle R Webster

New Address.....

Subscribed and sworn to before me this 11 day of Aug, 1964.

Claude Hughes Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

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

.....Clerk

FEMALE APPLICANT

Name: First Barbara Middle A Last Arnold

Date of Birth: Month Oct Day 31 Year 1946

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

Residence Address: Street or R. R. City Stilesville County Hend. State Ind.

Maiden Name if Different

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

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation none

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

☐ Other (Specify) Drivers Licence

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

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

Signed + Barbara A. Arnold

New Address.....

Subscribed and sworn to before me this 11 day of aug, 1964

Claude Hughes Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of 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 Deceased

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed Dorothy Arnold Mother

Subscribed and sworn to before me this 11 day of August, 1964

Claude Hughes Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the Hendricks Circuit Court of Indiana dated the 15 day of August 1964, authorizing the joining together as husband and wife Doyle R Webster and Barbara A. Arnold.

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

I, Edward O Roberts hereby certify that on the 15-th day of August, one thousand nine hundred and 64 at Stilesville, County of Hendricks, State of Indiana, Groom Doyle R Webster of Hendricks County, State of Indiana, and, Bride Barbara A. Arnold of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of Hendricks County.

Dated this 15 day of August, 1964.

Signed Edward O Roberts

Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 21 day of August, 1964.

Signed Claude Hughes Clerk

Hendricks Circuit Court

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 224

File

Aug. 15, 1964
Date of Application

MALE
Medical Examination Report Dated Aug. 7, 1964
Name of Physician A. N. Scudder, M.D.

FEMALE
Medical Examination Report Dated Aug. 7, 1964
Name of Physician A. N. Scudder, M.D.

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

MALE APPLICANT

Name: First Ronald Middle W. Last Stanley

Date of Birth: Month 6 Day 25 Year 1944

Place of Birth (State or foreign country): Lebanon Indiana

Residence Address: 315 William Drive Street or R. R. City Hendr. County Ind. State

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

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation Esterline-Angus

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

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

Name	Age	Address

    (b) Are you supporting or contributing to their support? Yes ☐ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father William A. Stanley
    Residence of father (if deceased so state) Brownsburg, Ind.
    Occupation of father Train Master Race of father White
    Birthplace of father (State or foreign country) Fairmont, W. Va.
12. Full maiden name of mother Betty J. Enslin
    Residence of mother (if deceased so state) Brownsburg, Ind.
    Occupation of mother VA Hospital Race of mother White
    Birthplace of mother (State or foreign country) Lebanon, Indiana

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

Signed Ronald W. Stanley

New Address.....

Subscribed and sworn to before me this 15 day of August, 1964

Claude Hughes Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed See attached Father

Signed Betty J. Stanley Mother

Subscribed and sworn to before me this 15 day of August, 1964

Claude Hughes Clerk

FEMALE APPLICANT

Name: First Rita Middle Lee Last Grass

Date of Birth: Month 12 Day 8 Year 1946

Place of Birth (State or foreign country): New Castle Indiana

Residence Address: 514 Thorn Drive Street or R. R. Brownsburg City Hend. County Ind. State

Maiden Name if Different

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

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation Jefferson National Life Ins.

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

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☒ Yes ☐
   Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you afflicted with a transmissible disease? No ☒ Yes ☐
4. Are you related to the groom closer than second cousin? No ☒ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
7. Full name of father Robert F. Grass
   Residence of father (if deceased so state) Brownsburg
   Occupation of father Physician Race of father White
   Birthplace of father (State or foreign country) Henry Co. Indiana
8. Full maiden name of mother Velma L. Patton
   Residence of mother (if deceased so state) Brownsburg, Ind.
   Occupation of mother Secretary V.A. Regional Office Race of mother White
   Birthplace of mother (State or foreign country) Orange Co., Ind.

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

Signed Rita L. Grass

New Address.....

Subscribed and sworn to before me this 15 day of August, 1964

Claude Hughes Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed See attached Father

Signed Velma L. Grass Mother

Subscribed and sworn to before me this 15 day of August, 1964

Claude Hughes Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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 August, 1964, authorizing the joining together as husband and wife Ronald W. Stanley and Rita Lee Grass

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

I, Lester B. Yeamen hereby certify that on the fifth day of Sept., one thousand nine hundred and sixty-four at Brownsburg, County of Hendricks, State of Indiana, Groom Ronald W. Stanley of Hendricks County, State of Indiana, and, Bride Rita Lee Grass of Hendricks County, State of Indiana, were 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 fifth day of September, 1964.

Signed Lester B Yeamen

Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 14th day of Sept., 1964.

Signed Claude Hughes Clerk

Hendricks Circuit Court

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 224

File

Aug. 15, 1964
Date of Application

MALE
Medical Examination Report Dated Aug 7, 1964
Name of Physician A. N. Scudder, M.D.

FEMALE
Medical Examination Report Dated Aug 7, 1964
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 profession shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT	FEMALE APPLICANT
Name	Last
State	State

I swear that I, William A. Stanley, am the father and legal guardian of Ronald W. Stanley, age 20, and do hereby give my consent for him to marry Rita L. Grass, age 17, on the date of their choice.

William A. Stanley
WILLIAM A. STANLEY Date
August 10, 1964

Marlein H. Cannon
Notary Public
My commission expires August 30 1967

NOTARY PUBLIC SEAL INDIANA

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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 August, 1964, authorizing the joining together as husband and wife Ronald W. Stanley and Rita Lee Grass

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

I, Lester B. Yarnell hereby certify that on the fifth day of Sept., one thousand nine hundred and sixty-four at Brownsburg, County of Hendricks, State of Indiana, Groom, Ronald W. Stanley of Hendricks County, State of Indiana and, Bride Rita Lee Grass of Hendricks County, State of Indiana, were 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 fifth day of September, 1964.

Signed Lester B. Yarnell
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 14th day of Sept, 1964.

Signed Claude Hunter Clerk
Hendricks Circuit Court

No. 223

File

Aug 11-1944

Date of Application

Aug 7-1944

[illegible] Jr M.D.

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APPLICANT

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Aug 7

31 1946

Adams Co. Ind.

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No. 221

File

Aug 11, 1944

Date of Application

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

ADAMS County

MALE

Medical Examination Report Dated Aug 7, 1944

Name of Physician A. H. Sutcliffe M.D.

FEMALE

Medical Examination Report Dated Aug 7, 1944

Name of Physician A. H. Sutcliffe M.D.

MALE APPLICANT

Name Ronald W. Stanley

Color of Skin W

Place of Birth Indiana

Residence Decatur Ind.

FEMALE APPLICANT

Name Ruth Lois Grimm

Color of Skin W

Place of Birth Indiana

Residence Decatur Ind.

I swear that I, Robert F. Grimm, am the father and legal guardian of Ruth Lee Grimm, age 17, and do hereby give my consent for her to marry Ronald W. Stanley, age 23, on the date of their choice.

Robert F. Grimm

Robert F. Grimm (Seal)

Marion County

Marion H. Cannon

Notary Public

My commission expires August 20 1947

STATE OF INDIANA

ADAMS COUNTY

RETURNS OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I, Lester B. Grimm, Clerk of the Adams Circuit Court do hereby certify that on the 8th day of August 1944 Ronald W. Stanley and Ruth Lee Grimm

I, Lester B. Grimm, hereby certify that on the 8th day of August one thousand nine hundred and forty-four at Decatur County, State of Indiana, Ronald W. Stanley of Decatur, County, State of Indiana, and Ruth Lee Grimm of Decatur, County, State of Indiana were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of Adams County dated this 8th day of August 1944.

Signed Lester B. Grimm

Official Designation Recorder

Filed and recorded in accordance with the laws of the State of Indiana this 11 day of Aug 1944

Signed Charles Singleton Clerk

Deputy

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

County Court by written order issued and that

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I, [illegible], have and that to my office a marriage license issued by the clerk of the [illegible] Circuit Court

of Indiana, dated the [illegible] day of August 1944, authorizing the joining together as husband and wife

of a certain woman[illegible] the following marriage [illegible] and that to my office is duly

I, Lester B. Grimm hereby certify that on the 8th day of August

one thousand nine hundred and forty-four at Decatur County, State of Indiana,

State of Indiana, Grant Ronald W. Stanley of Decatur, County, State of Indiana,

and Ruth Lester Lee Grimm of Decatur, County, State of Indiana,

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

dated this 8th day of September 1944.

Signed Lester B. Grimm

Official Designation Recorder

Filed and recorded in accordance with the laws of the State of Indiana this 11 day of Aug 1944

Signed Charles Singleton Clerk

Deputy

36

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 295

File

Aug 15, 1964
Date of Application

MALE
Medical Examination Report Dated Aug 8, 1964
Name of Physician Claude N. Thompson, M.D.

FEMALE
Medical Examination Report Dated Aug 9, 1764
Name of Physician W. C. Stafford, M.D.

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

MALE APPLICANT

Name: First Edward Middle L. Last Andrews

Date of Birth: Month 1 Day 4 Year 1936

Place of Birth (State or foreign country) New Richmond Montgomery Ind.

Residence Address: Street or R. R. New Richmond City Montgomery County Ind. State

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

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation: Indiana State

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

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

    Name Age Address

    (b) Are you supporting or contributing to their support? Yes ☐ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father Edward L. Andrews, Sr.
    Residence of father (if deceased so state) New Richmond, Ind.
    Occupation of father Retired Race of father White
    Birthplace of father (State or foreign country) Indiana
12. Full maiden name of mother Lora Blackstock Mcharry
    Residence of mother (if deceased so state) New Richmond, Ind.
    Occupation of mother housewife Race of mother White
    Birthplace of mother (State or foreign country) Indiana

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

Signed Edward L Andrews

New Address.....

Subscribed and sworn to before me this 15 day of August, 1964

Claude Hughes Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

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

.....Clerk

FEMALE APPLICANT

Name: First Frances Middle Irene Last Babb

Date of Birth: Month Aug Day 9 Year 1944

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

Residence Address: Indiana Boys School Street or R. R. Plainfield City Hend. County Ind. State

Maiden Name if Different

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

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation: Student Indiana State

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

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

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

Signed Frances Irene Babb

New Address.....

Subscribed and sworn to before me this 15 day of August, 19 64

Claude Hughes Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

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

.....Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* Hendricks *Circuit Court of Indiana dated the* 19th *day of* August, 19 64, *authorizing the joining together as husband and wife* Edward L. Andrews *and* Frances Irene Babb.

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

I, Donald F. McMahon *hereby certify that on the* 3rd *day of* September, *one thousand nine hundred and* sixty-four, *at* Plainfield, *County of* Hendricks, *State of Indiana, Groom* Edward L. Andrews *of* Montgomery *County, State of* Indiana, *and, Bride* Frances Irene Babb *of* Hendricks *County, State of* Indiana, *were by me united 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* September, 19 64.

Signed Donald F. McMahon

Official Designation Methodist Clergy

Filed and recorded in accordance with the laws of the State of Indiana this 5th *day of* Sept., 19 64.

Signed Claude Hughes *Clerk*

Hendricks *Circuit Court*

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 226

File

Aug 15-1964
Date of Application

MALE
Medical Examination Report Dated Aug 10-1964
Name of Physician Steven Block M.D.

FEMALE
Medical Examination Report Dated Aug 10-1964
Name of Physician Steven Block 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 Albert Middle M. Last Page

Date of Birth: Month Jan Day 17 Year 1946

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

Residence Address: Street or R. R. R 2 Box 181 City Indpls. County Marion State Ind.

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

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation National Cash Register

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

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

Name	Age	Address

    (b) Are you supporting or contributing to their support? Yes ☐ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father George O Page
    Residence of father (if deceased so state) R2 Indianapolis
    Occupation of father Allisons Race of father W
    Birthplace of father (State or foreign country) Indiana
12. Full maiden name of mother Dcie Maynard
    Residence of mother (if deceased so state) R2 Indpls
    Occupation of mother Housewife Race of mother W
    Birthplace of mother (State or foreign country) West Virginia

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

Signed + Albert M Page

New Address.....

Subscribed and sworn to before me this 15 day of Aug, 19 64

Claude Hughes Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana,
County of HENDRICKS } ss:

Signed George O Page Father

Signed Dcie M. Page Mother

Subscribed and sworn to before me this 15 day of Aug, 19 64

Claude Hughes Clerk

FEMALE APPLICANT

Name: First Maureen Middle J Last Skolaut

Date of Birth: Month 5 Day 15 Year 1944

Place of Birth (State or foreign country) Great Bend Kansas

Residence Address: Street or R. R. 423 Kentucky ave City Plainfield County Hend. State Ind.

Maiden Name if Different

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

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation Medical Stenographer

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

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

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

Signed + Maureen Skolaut

New Address.....

Subscribed and sworn to before me this 15 day of Aug, 19 64

Claude Hughes Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana,
County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

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

.....Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* Hendricks *Circuit Court of Indiana dated the* 23 *day of* August, 19 64, *authorizing the joining together as husband and wife* Albert M. Page *and* Maureen J. Skolaut.

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

I, James S. Dale *hereby certify that on the* 4th *day of* September, *one thousand nine hundred and* 64 *at* Plainfield, *County of* Hendricks, *State of Indiana, Groom* Albert Monroe Page *of* Hendricks *County, State of* Ind. *and, Bride* Maureen Joyce Skolaut *of* Hendricks *County, State of* Ind., *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* Hendricks *County.*

Dated this 4th *day of* September, 19 64.

Signed James S. Dale

Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 22 *day of* September, 19 64.

Signed Claude Hughes *Clerk*
Hendricks *Circuit Court*

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 227

File

Aug. 15, 1964
Date of Application

MALE
Medical Examination Report Dated Aug. 7, 1964
Name of Physician Lloyd Terry M.D.

FEMALE
Medical Examination Report Dated Aug. 7, 1964
Name of Physician Lloyd Terry, 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 Leroy Last Rutledge

Date of Birth: Month June Day 1 Year 1942

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. 902 West Main St. City Danville County Hend. State Ind.

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

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation County Highway Garage

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

☐ Other (Specify).....

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

Name	Age	Address

    (b) Are you supporting or contributing to their support? Yes ☐ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father Leroy L. Rutledge
    Residence of father (if deceased so state) Danville, Indiana
    Occupation of father Mgr. Farm Service Center Race of father White
    Birthplace of father (State or foreign country) Indiana
12. Full maiden name of mother Leota Stanley
    Residence of mother (if deceased so state) Danville, Ind.
    Occupation of mother Housewife Race of mother White
    Birthplace of mother (State or foreign country) Indiana

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

Signed James Leroy Rutledge

New Address.....

Subscribed and sworn to before me this 15 day of August, 19 64

Claude Hughes Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana,
County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

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

.....Clerk

FEMALE APPLICANT

Name: First Cynthia Middle Anne Last Smith

Date of Birth: Month 12 Day 28 Year 1942

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. RR #3 Box 317 City Danville County Hend. State Ind.

Maiden Name if Different

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

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation Reg. Nurse

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

☐ Other (Specify).....

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
7. Full name of father Charles R. Smith
   Residence of father (if deceased so state) RR #3 Danville, Ind.
   Occupation of father farmer Race of father White
   Birthplace of father (State or foreign country) Hendr. Co., Ind.
8. Full maiden name of mother Irene Powell
   Residence of mother (if deceased so state) RR #3 Danville
   Occupation of mother Hwy. Grader Race of mother white
   Birthplace of mother (State or foreign country) Lafayette, Indiana

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

Signed Cynthia Anne Smith

New Address.....

Subscribed and sworn to before me this 15 day of August, 19 64

Claude Hughes Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana,
County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

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

.....Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* Hendricks *Circuit Court of Indiana dated the* 21st *day of* August, 19 64, *authorizing the joining together as husband and wife* James Leroy Rutledge *and* Cynthia Anne Smith

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

I, Lloyd B. King *hereby certify that on the* 3rd *day of* September, *one thousand nine hundred and* sixty-four *at* New Winchester, *County of* Hendricks, *State of Indiana, Groom* James Leroy Rutledge *of* Hendricks *County, State of* Indiana *and, Bride* Cynthia Anne Smith *of* Hendricks *County, State of* Indiana, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* Hendricks *County.*

Dated this 3rd *day of* September, 19 64.

Signed Lloyd B. King

Official Designation Friends Minister

Filed and recorded in accordance with the laws of the State of Indiana this 4th *day of* Sept., 19 64.

Signed Claude Hughes Clerk

Hendricks Circuit Court

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 228
File 28
Aug 17 1964
Date of Application

MALE
Medical Examination Report Dated Aug 8, 1964
Name of Physician David B. Haggard, M.D.

FEMALE
Medical Examination Report Dated Aug 10, 1964
Name of Physician Walter Chroniak

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

MALE APPLICANT

Name: First Garford Middle Kenneth Last Whicker, Jr.
Date of Birth: Month July Day 29 Year 1943
Place of Birth (State or foreign country): Buffalo new York -
Residence Address: Street or R. R. 427 S. Carr Rd City Plainfield County Hends State Ind
Previous Marital Status: Never Married ☑ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify).....
Usual Occupation: Student
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) Drivers license

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

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

Signed Garford K Whicker Jr
New Address.....

Subscribed and sworn to before me this 17th day of Aug, 1964
Claude Hughes Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

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

FEMALE APPLICANT

Name: First Cynthiann Middle Hall Last
Date of Birth: Month April Day 27 Year 1942
Place of Birth (State or foreign country): Indianapolis Indiana
Residence Address: Street or R. R. 6744 Perry Blvd City Indpls County Marion State Ind.
Maiden Name if Different
Previous Marital Status: Never Married ☑ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify).....
Usual Occupation: Teacher
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) Drivers license

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
7. Full name of father Wayne E. Hall
   Residence of father (if deceased so state) Indpls
   Occupation of father Tool & Die Maker Race of father W.
   Birthplace of father (State or foreign country) Illenois
8. Full maiden name of mother Marijane Tyner
   Residence of mother (if deceased so state) Indpls
   Occupation of mother Wassons Race of mother W.
   Birthplace of mother (State or foreign country) Indiana

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

Signed Cynthiann Hall
New Address.....

Subscribed and sworn to before me this 17th day of August, 1964
Claude Hughes Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the Hendricks Circuit Court of Indiana dated the 21st day of August, 1964, authorizing the joining together as husband and wife Garford Kenneth Whicker Jr and Cynthiann Hall,
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Willard J. Doyle, hereby certify that on the 23 day of August, one thousand nine hundred and 64 at Indianapolis, County of Marion, State of Indiana, Groom Garford Kennett Whicker, Jr. of Hendricks County, State of Ind., and, Bride Cynthiann Hall 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 23 day of August, 1964.

Signed William J. Doyle
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 24 day of August, 1964
Signed Claude Hughes Clerk
Hendricks Circuit Court

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 229
File 28
Aug 17 1964
Date of Application

MALE
Medical Examination Report Dated Aug 14, 1964
Name of Physician Donald D. Cheesman

FEMALE
Medical Examination Report Dated Aug 14, 1964
Name of Physician Donald D. Cheesman

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

MALE APPLICANT

Name: First William Middle K. Last Pell
Date of Birth: Month Sept Day 11 Year 1936
Place of Birth (State or foreign country): Indianapolis Indiana
Residence Address: Street or R. R. 2214 N. Leland City Indpls County Marion State Ind
Previous Marital Status: Never Married ☒ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☒ Negro ☐ Other ☐ (specify).....
Usual Occupation: Die Maker
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☐ Other (Specify).....

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

Name	Age	Address

    (b) Are you supporting or contributing to their support? Yes ☐ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father Clarence Pell
    Residence of father (if deceased so state) Deceased
    Occupation of father..... Race of father W.
    Birthplace of father (State or foreign country) Indpls Ind.
12. Full maiden name of mother Clydia Blackstone
    Residence of mother (if deceased so state) Deceased
    Occupation of mother..... Race of mother W.
    Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.
Signed William K. Pell
New Address.....
Subscribed and sworn to before me this 17th day of August, 19 64
Claude Hughes Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

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

FEMALE APPLICANT

Name: First Sharon Middle K. Last Sandusr
Date of Birth: Month Feb Day 18 Year 1941
Place of Birth (State or foreign country): Newcastle Indiana
Residence Address: Street or R. R. R R 1 Box 36B City Danville County Hndrx State Ind.
Maiden Name if Different
Previous Marital Status: Never Married ☒ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☒ Negro ☐ Other ☐ (specify).....
Usual Occupation: Ticket Agent
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☐ Other (Specify).....

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

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.
Signed Sharon Sanders
New Address.....
Subscribed and sworn to before me this 17th day of August, 1964
Claude Hughes Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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* August, 1964, *authorizing the joining together as husband and wife* William K. Pell *and* Sharon K. Sanders
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, R. E. Perry *hereby certify that on the* 6th *day of* September, *one thousand nine hundred and* sixty four *at* New Castle, *County of* Henry, *State of Indiana, Groom* William K. Pell *of* Marion *County, State of* Indiana *and, Bride* Sharon K. Sanders *of* Hendricks *County, State of* Indiana, *were by me united 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* September, 19 64.

Signed R. E. Perry
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 9th *day of* September, 19 64.

Signed Claude Hughes *Clerk*
Hendricks *Circuit Court*

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 230
File 28
Aug 18 1964
Date of Application

MALE
Medical Examination Report Dated Aug. 15 1964
Name of Physician James Blick -

FEMALE
Medical Examination Report Dated Aug 15 1964
Name of Physician James Blick

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

MALE APPLICANT

Name: First Steven Middle a. Last Lindley
Date of Birth: Month Feb. Day 22 Year 1944
Place of Birth (State or foreign country) Danville Indiana
Residence Address: Street or R. R. Pittsboro City Hendricks County Indiana State
Previous Marital Status: Never Married ☑ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify).....
Usual Occupation Mechanic -
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) Drivers license

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

    Name Age Address

    (b) Are you supporting or contributing to their support? Yes ☐ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father Robert E. Lindley
    Residence of father (if deceased so state) Danville, R.R 3
    Occupation of father Farmer Race of father W.
    Birthplace of father (State or foreign country) Orange Co. Ind.
12. Full maiden name of mother Mary Louise Wright -
    Residence of mother (if deceased so state) Indianapolis Ind.
    Occupation of mother Telephone Office Race of mother W.
    Birthplace of mother (State or foreign country) Clayton, Ind.

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

Signed Steven A. Lindley
New Address.....
Subscribed and sworn to before me this 18th day of August, 1964.
Claude Hughes Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:
Signed Robert E. Lindley Father
Signed Mary Louise Lindley Mother
Subscribed and sworn to before me this 18th day of August, 1964.
Claude Hughes Clerk

FEMALE APPLICANT

Name: First Barbara Middle a. Last Love
Date of Birth: Month Oct Day 5 Year 1946
Place of Birth (State or foreign country) Gallatin Tenn.
Residence Address: Street or R. R. Box 246 City Pittsboro County Hendricks State Indiana
Maiden Name if Different
Previous Marital Status: Never Married ☑ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify).....
Usual Occupation Student -
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☑ Other (Specify) Drivers license

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
7. Full name of father Billy A. Love.
   Residence of father (if deceased so state) Pittsboro -
   Occupation of father Farmer - Race of father W.
   Birthplace of father (State or foreign country) Nashville, Tenn.
8. Full maiden name of mother Lassie Lee Riecer.
   Residence of mother (if deceased so state) Pittsboro
   Occupation of mother Western Electric Race of mother W.
   Birthplace of mother (State or foreign country) Tenn.

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

Signed Barbara A Love
New Address.....
Subscribed and sworn to before me this 18th day of August, 1964.
Claude Hughes Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:
Signed Billy A. Love Father
Signed Lassie L Love Mother
Subscribed and sworn to before me this 18th day of August, 1964.
Claude Hughes Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* Hendricks *Circuit Court of Indiana dated the* 22 *day of* August, 1967, *authorizing the joining together as husband and wife* Steven A. Lindley *and* Barbara A. Love

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

I, Thomas R. Stratton hereby certify that on the 22nd day of August, one thousand nine hundred and 64 at Pittsboro, County of Hendricks, State of Indiana, Groom Steven A. Lindley of Hendricks County, State of Indiana, and, Bride Barbara A. Love of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of Hendricks County.

Dated this 22 day of August, 1964.

Signed Thomas R. Stratton
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 24 day of August, 1964.

Signed Claude Hughes Clerk
Hendricks Circuit Court

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 231
File 28
Aug 18 1964
Date of Application

MALE
Medical Examination Report Dated July 23, 1964
Name of Physician Carl L. Heinlein, M.D.

FEMALE
Medical Examination Report Dated July 23 1964
Name of Physician Carl L. Heinlein, M.D.

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

MALE APPLICANT

Name: First William Middle Arnold Last Duvall

Date of Birth: Month May Day 18 Year 1940

Place of Birth (State or foreign country): Cambridge City Ind.

Residence Address: Box 261 Street or R. R. Danville City County Hendricks State Ind.

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

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation Teacher

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

☐ Other (Specify).....

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

    Name Age Address

    (b) Are you supporting or contributing to their support? Yes ☐ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father Edgar L. Duvall
    Residence of father (if deceased so state) Deceased
    Occupation of father ..... Race of father W
    Birthplace of father (State or foreign country) Kentucky
12. Full maiden name of mother Nannie B. Masengale
    Residence of mother (if deceased so state) Utica, Michigan
    Occupation of mother ..... Race of mother W.
    Birthplace of mother (State or foreign country) Kentucky

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

Signed William Arnold Duvall

New Address.....

Subscribed and sworn to before me this 18th day of August, 1964

Claude Hughes Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

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

.....Clerk

FEMALE APPLICANT

Name: First Alice Middle Ann Last Wade

Date of Birth: Month May Day 18 Year 1942

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

Residence Address: Box 261 Street or R. R. Danville City Hendricks County Ind. State

Maiden Name if Different

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

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation Teacher

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

☐ Other (Specify).....

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
7. Full name of father Robert J Wade
   Residence of father (if deceased so state) Danville
   Occupation of father Judge Race of father W
   Birthplace of father (State or foreign country) Morgan Co Ind.
8. Full maiden name of mother Erma Heine
   Residence of mother (if deceased so state) Danville
   Occupation of mother none Race of mother W
   Birthplace of mother (State or foreign country) Kentucky

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

Signed Alice Ann Wade

New Address.....

Subscribed and sworn to before me this 18th day of Aug, 1964

Claude Hughes Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

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

.....Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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* August, 19 64, *authorizing the joining together as husband and wife* William Arnold Duvall *and* Alice Ann Wade

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

I, George A. Harris *hereby certify that on the* 23rd *day of* August, *one thousand nine hundred and* 64 *at* Danville, *County of* Hendricks, *State of Indiana, Groom* William Arnold Duvall *of* Macomb *County, State of* Michigan *and, Bride* Alice Ann Wade *of* Hendricks *County, State of* Indiana, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* Hendricks *County.*

Dated this 23rd *day of* August, 19 64.

Signed Rev. George A. Harris

Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 24 *day of* August, 19 64.

Signed Claude Hughes Clerk

Hendricks Circuit Court

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 232
File 28
August 18, 1964
Date of Application

MALE
Medical Examination Report Dated Aug. 6, 1964
Name of Physician John Elliott Jr. M.D.

FEMALE
Medical Examination Report Dated August 10, 1964
Name of Physician David B. Haggard

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

MALE APPLICANT

Name: First Charles Middle Keith Last Brock
Date of Birth: Month 2 Day 11 Year 1942
Place of Birth (State or foreign country) Greencastle Putnam Co. Ind.
Residence Address: Street or R. R. RR #1 City Coatesville County Hendricks State Ind.
Previous Marital Status: Never Married ☑ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify).....
Usual Occupation Student
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☑ Other (Specify) Driver's License

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

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

Signed Charles Keith Brock
New Address.....

Subscribed and sworn to before me this 18 day of August, 19 64
Claude Hughes Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

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

FEMALE APPLICANT

Name: First Sharon Middle Rose Last Cooper
Date of Birth: Month 5 Day 22 Year 1944
Place of Birth (State or foreign country) Greencastle Putnam Co. Ind.
Residence Address: Street or R. R. 706 Avon Ave. City Plainfield County Hend. State Ind.
Maiden Name if Different
Previous Marital Status: Never Married ☑ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify).....
Usual Occupation Student
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☑ Other (Specify) Driver's License

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
7. Full name of father Kenneth Wayne Cooper
   Residence of father (if deceased so state) Wisconsin, Ind.
   Occupation of father Milkman Race of father White
   Birthplace of father (State or foreign country) Greencastle Ind
8. Full maiden name of mother Mary Ruth Rippy
   Residence of mother (if deceased so state) Plainfield, Ind.
   Occupation of mother Public Service Race of mother White
   Birthplace of mother (State or foreign country) Clay City, Indiana

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

Signed Sharon Rose Cooper
New Address.....

Subscribed and sworn to before me this 18 day of August, 19 64
Claude Hughes Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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 August, 19 64, authorizing the joining together as husband and wife Charles Keith Brock and Sharon Rose Cooper

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

I, Donald F. McGraham hereby certify that on the 29th day of August, one thousand nine hundred and sixty-four at Plainfield, County of Hendricks, State of Indiana, Groom Charles Keith Brock of Hendricks County, State of Indiana, and, Bride Sharon Rose 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 29th day of August, 19 64.

Signed Donald F. McGraham
Official Designation Methodist Clergy

Filed and recorded in accordance with the laws of the State of Indiana this 2nd day of Sept., 19 64.

Signed Claude Hughes Clerk
Hendricks Circuit Court

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 233

File

Aug 18-1964
Date of Application

MALE
Medical Examination Report Dated Aug 3-64
Name of Physician Dean R Stinson

FEMALE
Medical Examination Report Dated 7-27-64
Name of Physician Carl L Heinlein M D.

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

MALE APPLICANT

Name: First Stephen Middle Jay Last Hudkins

Date of Birth: Month Dec Day 28 Year 1941

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

Residence Address: Street or R. R. R 1 City Rochester County State Ind.

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

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation Student

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

☐ Other (Specify) Drivers license

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

Name	Age	Address

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

11. Full name of father Jud Hudkins
    Residence of father (if deceased so state) Rochester, Ind.
    Occupation of father Farmer Race of father W
    Birthplace of father (State or foreign country) Indiana
12. Full maiden name of mother Dolores Arven -
    Residence of mother (if deceased so state) Rochester, Ind
    Occupation of mother housewife Race of mother W
    Birthplace of mother (State or foreign country) Indiana

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

Signed Stephen Jay Hudkins

New Address.....

Subscribed and sworn to before me this 20th day of Aug, 1964.

Claude Hughes Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

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

.....Clerk

FEMALE APPLICANT

Name: First Mary Middle Louciller Last Keller

Date of Birth: Month June Day 20 Year 1943

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

Residence Address: Street or R. R. City Danville County Hend. State Ind.

Maiden Name if Different

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

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation File Clerk

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

☐ Other (Specify).....

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

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

Signed Mary Louciller Keller

New Address.....

Subscribed and sworn to before me this 18 day of aug, 1964

Claude Hughes Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

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

.....Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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 August, 64, Stephen Jay Hudkins and Mary Louciller Keller, 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. Wm Simpson hereby certify that on the 23 day of August, one thousand nine hundred and 64 at Danville, County of Hendricks, State of Indiana, Groom Stephen Jay Hudkins of Fulton County, State of Indiana, and, Bride Mary Louciller Keller of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of Hendricks County.
Dated this 23 day of August, 1964.

Signed Rev. Wm. Simpson, Rev. Lloyd King
Official Designation Ministers

Filed and recorded in accordance with the laws of the State of Indiana this 24 day of August, 1964.

Signed Claude Hughes Clerk
Hendricks Circuit Court

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 234

File

Aug 18 1964
Date of Application

MALE
Medical Examination Report Dated August 7 1964
Name of Physician J. E. Gillespie, M. D.

FEMALE
Medical Examination Report Dated Aug 7 1964
Name of Physician J. E. Gillespie, 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 M. Last McCorkle

Date of Birth: Month June Day 3 Year 1943

Place of Birth (State or foreign country): Elwood Indiana

Residence Address: Street or R. R. RR 2 Box 549 City Brownsburg County Hend. State Ind.

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

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation: Maintenance

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

☐ Other (Specify).....

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

    Name Age Address

    .....

    .....

    .....

    (b) Are you supporting or contributing to their support? Yes ☐ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father Ival McCorkle
    Residence of father (if deceased so state) Brownsburg Ind.
    Occupation of father Lineman Race of father W.
    Birthplace of father (State or foreign country) Indiana
12. Full maiden name of mother Mildred May Safford
    Residence of mother (if deceased so state) Brownsburg
    Occupation of mother ..... Race of mother W.
    Birthplace of mother (State or foreign country) Indiana

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

Signed James M. McCorkle

New Address.....

Subscribed and sworn to before me this 18th day of August, 1964.

Claude Hughes Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

.....

.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

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

.....Clerk

FEMALE APPLICANT

Name: First Katherine Middle J. Last Wallace

Date of Birth: Month May Day 10 Year 1946

Place of Birth (State or foreign country): Indianapolis Indiana

Residence Address: Street or R. R. 8103 Wyoming Rd City Indianapolis County Marion State Ind.

Maiden Name if Different

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

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation: Student

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

☐ Other (Specify).....

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

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

Signed Katherine J. Wallace

New Address.....

Subscribed and sworn to before me this 18th day of August, 1964.

Claude Hughes Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

.....

.....

.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

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

.....Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* Hendricks *Circuit Court of Indiana dated the* 22 *day of* August, *19*64, *authorizing the joining together as husband and wife* James M. McCorkle *and* Katherine J. Wallace.

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

I, Naomi E. Hunt *hereby certify that on the* 31st *day of* August, *one thousand nine hundred and* sixty-four *at* Mt Comfort, *County of* Hamilton, *State of Indiana, Groom* James M. McCorkle *of* Hendricks *County, State of* Indiana *and, Bride* Katherine J. Wallace *of* Marion *County, State of* Indiana, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* Hendricks *County.*

Dated this 31st *day of* August, *19*64.

Signed Naomi E. Hunt

Official Designation Justice of the Peace

Filed and recorded in accordance with the laws of the State of Indiana this 9th *day of* September, *19*64.

Signed Claude Hughes *Clerk*
Hendricks *Circuit Court*

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 235
File 28
August 19, 1964
Date of Application

MALE
Medical Examination Report Dated August 18, 1964
Name of Physician W. C. Stafford, M.D.

FEMALE
Medical Examination Report Dated August 18, 1964
Name of Physician W.C. Stafford. 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 Forest Middle LeRoy Last Homman
Date of Birth: Month Oct Day 16 Year 1933
Place of Birth (State or foreign country) Paulding, Ohio
Residence Address: Street or R. R. RR #2 Box 50 City Clayton County Hend State Ind.
Previous Marital Status: Never Married ☐ Number of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify)
Usual Occupation X-Ray + Lab Tech.
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☑ Other (Specify) Locks

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

Name	Age	Address
Jack Homman	6	unknown

    (b) Are you supporting or contributing to their support? Yes ☑ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☑ No ☐
11. Full name of father Forest Apcel Homman
    Residence of father (if deceased so state) 210 W. Walnut Butler, Ind.
    Occupation of father Self employed Race of father White
    Birthplace of father (State or foreign country) Paulding Ohio
12. Full maiden name of mother Jennie Edna Lehmen
    Residence of mother (if deceased so state) 210 W. Walnut Butler, Ind.
    Occupation of mother Housewife Race of mother White
    Birthplace of mother (State or foreign country) Payne, Ohio

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.
Signed Forest LeRoy Homman
New Address
Subscribed and sworn to before me this 19 day of August, 1964
Claude Hughes Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

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

FEMALE APPLICANT

Name: First Sarah Middle Joe Last Benton
Date of Birth: Month Jan Day 22 Year 1933
Place of Birth (State or foreign country) Ga. Georgia
Residence Address: No. Street or R. R. Vanuys 104 S. Main City Plainfield County Hend State Ind.
Maiden Name if Different
Previous Marital Status: Never Married ☑ Number of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify)
Usual Occupation —
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☑ Other (Specify) Locks

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

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.
Signed Sara Joe Blnton
New Address
Subscribed and sworn to before me this 19 day of August, 1964
Claude Hughes Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* Hendricks *Circuit Court of Indiana, dated the* 23 *day of* August, 19 64, *authorizing the joining together as husband and wife* Forest LeRoy Homman *and* Sarah Joe Benton
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Albert D. Kitchen *hereby certify that on the* 23 *day of* August, *one thousand nine hundred and* 64, *at* Cloverdale, *County of* Putnam, *State of Indiana, Groom* Forest LeRoy Homman *of* Hendricks *County, State of* Indiana, *and, Bride* Sara Jane Benton *of* Hendricks *County, State of* Indiana, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* Hendricks *County.*
Dated this 23 *day of* August, 19 64.

Signed Albert D. Kitchen
Official Designation Pastor

Filed and recorded in accordance with the laws of the State of Indiana this 27 *day of* August, 19 64.
Signed Claude Hughes *Clerk*
Hendricks *Circuit Court*

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 236

File

Aug 19-1964
Date of Application

MALE
Medical Examination Report Dated Aug 19-1964
Name of Physician M. O. Scamahorn M.D.

FEMALE
Medical Examination Report Dated Aug 19-1964
Name of Physician M. O. Scamahorn

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

MALE APPLICANT

Name: First Thomas Middle V. Last Fife

Date of Birth: Month Aug. Day 3 Year 1922 ✓

Place of Birth (State or foreign country) Millard Key

Residence Address: Street or R. R. 534 Saratoga Dr City Brownsburg County Key State Ind.

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

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

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

Usual Occupation Allisons

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

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

Name	Age	Address
John	19	Brownsburg
Tom	17	Brownsburg

    (b) Are you supporting or contributing to their support? Yes ☒ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☒
11. Full name of father John W Fife
    Residence of father (if deceased so state) Deceased
    Occupation of father — Race of father W
    Birthplace of father (State or foreign country) Kentucky
12. Full maiden name of mother Alka Hunter
    Residence of mother (if deceased so state) Florida
    Occupation of mother none Race of mother W
    Birthplace of mother (State or foreign country) Kentucky

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

Signed Thomas V Fife

New Address

Subscribed and sworn to before me this 19 day of Aug, 19 64

Claude Hughes Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed Father

Signed Mother

Subscribed and sworn to before me this day of , 19

Clerk

FEMALE APPLICANT

Name: First Barbara Middle J. Last Park

Date of Birth: Month March Day 22 Year 1932 ✓

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

Residence Address: Street or R. R. 526 Saratoga Dr City Brownsburg County Ind. State

Maiden Name if Different Barbara Kempfer

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

Last Marriage Ended By: Death ☒ Divorce ☐ Annulment ☐

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

Usual Occupation none

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

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☒ Yes ☐
   Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you afflicted with a transmissible disease? No ☒ Yes ☐
4. Are you related to the groom closer than second cousin? No ☒ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
7. Full name of father Otto F Kempfer
   Residence of father (if deceased so state) Deceased
   Occupation of father — Race of father W
   Birthplace of father (State or foreign country) Indiana
8. Full maiden name of mother Elizabeth Kleinsmidt
   Residence of mother (if deceased so state) Indianapolis
   Occupation of mother none Race of mother W
   Birthplace of mother (State or foreign country) Indiana

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

Signed Barbara J. Park

New Address

Subscribed and sworn to before me this 19 day of Aug, 19 64

Claude Hughes Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed Father

Signed Mother

Subscribed and sworn to before me this day of , 19

Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the Hendricks Circuit Court of Indiana dated the 19 day of August, 19 64, authorizing the joining together as husband and wife Thomas V. Fife and Barbara J. Park.

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

I, Rev. L. L. Knopfmeier hereby certify that on the 22 day of August, one thousand nine hundred and 64 at Brownsburg, County of Hendricks State of Indiana, Groom Thomas V. Fife of Hendricks County, State of Indiana, and, Bride Barbara J. Park of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of Hendricks County.

Dated this 22 day of August, 19 64.

Signed Rev. L. L. Knopfmeier

Official Designation Methodist Minister

Filed and recorded in accordance with the laws of the State of Indiana this 27 day of August, 19 64

Signed Claude Hughes Clerk

Hendricks Circuit Court

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 237

File Aug 19-1964
Date of Application

MALE
Medical Examination Report Dated 8-18-64
Name of Physician L E Foltz M D

FEMALE
Medical Examination Report Dated 8-18-64
Name of Physician Thurman Wm Alley 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 Ted Middle E. Last Kaptain

Date of Birth: Month July Day 27 Year 1924

Place of Birth (State or foreign country): Chicago Ill.

Residence Address: Street or R. R. RI Box 51W City Brownsburg County Hend. State Ind

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

Last Marriage Ended By: Death ☒ Divorce ☐ Annulment ☐

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

Usual Occupation Division Mgr Sears Roebuck

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

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

Name	Age	Address
has Custody 4 children		retired
Mother Deceased		

    (b) Are you supporting or contributing to their support? Yes ☐ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father Ted Kaptain
    Residence of father (if deceased so state) Chicago Ill
    Occupation of father Roofing Contractor Race of father W
    Birthplace of father (State or foreign country) Pennsylvania
12. Full maiden name of mother Eva Adline Logan
    Residence of mother (if deceased so state) Brownsburg
    Occupation of mother Inspector Race of mother W
    Birthplace of mother (State or foreign country) Illinois

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

Signed Ted E. Kaptain

New Address

Subscribed and sworn to before me this 19 day of Aug, 1964

Claude Hughes Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

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

..... Clerk

FEMALE APPLICANT

Name: First Betty Middle J Last Stowe

Date of Birth: Month Feb Day 11 Year 1922

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

Residence Address: Street or R. R. 3501 Monninger City Indpls County Marion State Ind.

Maiden Name if Different Betty J Hurst

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

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

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

Usual Occupation Accounting Eastern Express

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

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☒ Yes ☐
   Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you afflicted with a transmissible disease? No ☒ Yes ☐
4. Are you related to the groom closer than second cousin? No ☒ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
7. Full name of father Harold Hurst
   Residence of father (if deceased so state) Deceased
   Occupation of father — Race of father W
   Birthplace of father (State or foreign country) Ohio
8. Full maiden name of mother Elsiedell May
   Residence of mother (if deceased so state) Indianapolis
   Occupation of mother none Race of mother W
   Birthplace of mother (State or foreign country) Indiana

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

Signed X Betty J Stowe

New Address

Subscribed and sworn to before me this 19 day of Aug, 1964

Claude Hughes Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day 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 8/19/64 and filed in Clerk's Office authorizes and directs the issuance of a marriage license to the above named parties. 3 Days Waived

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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 Aug, 1964 authorizing the joining together as husband and wife Ted E. Kaptain and Betty J. Stowe.

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

I, Rev. Howard F Miller hereby certify that on the 22 day of August, one thousand nine hundred and 64 at Crawfordsville, County of Montgomery, State of Indiana, Groom Ted E. Kaptain of Hendricks County, State of Indiana, and, Bride Betty J. Stowe 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 August, 1964.

Signed Rev. Howard F Miller

Official Designation Pastor, Christian Church

Filed and recorded in accordance with the laws of the State of Indiana this 27 day of August, 1964

Signed Claude Hughes Clerk

Hendricks Circuit Court

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 238

File

Aug 21-1964
Date of Application

MALE
Medical Examination Report Dated 8-19-64
Name of Physician Donald D Cheesman M.D.

FEMALE
Medical Examination Report Dated 8-19-64
Name of Physician Donald D. Cheesman 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 Phillip Middle E. Last Wood

Date of Birth: Month Sept Day 29 Year 1942

Place of Birth (State or foreign country): Scottsville Ky

Residence Address: Street or R. R. Box 19 City Amo County Hend. State Ind.

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

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation: Standard Station

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

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

    Name Age Address

    (b) Are you supporting or contributing to their support? Yes ☐ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father Vernon Wood
    Residence of father (if deceased so state) Scottsville Ky
    Occupation of father State Race of father W
    Birthplace of father (State or foreign country) Kentucky
12. Full maiden name of mother Grace Sloan
    Residence of mother (if deceased so state) Scottsville Ky
    Occupation of mother Restaurant Race of mother W
    Birthplace of mother (State or foreign country) Kentucky

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

Signed Phillip Wood

New Address.....

Subscribed and sworn to before me this 21 day of aug, 19 64

Claude Hughes Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

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

.....Clerk

FEMALE APPLICANT

Name: First Frances Middle Arlene Last Hughes

Date of Birth: Month Oct Day 22 Year 1944

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

Residence Address: Street or R. R. R 1 City Danville County Hend. State Ind.

Maiden Name if Different

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

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation None

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

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

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

Signed Frances Arlene Hughes

New Address.....

Subscribed and sworn to before me this 21 day of aug, 19 64

Claude Hughes Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

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

.....Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* Hendricks *Circuit Court of Indiana dated the* 21 *day of* August, 19 64, *authorizing the joining together as husband and wife* Phillip E. Wood *and* Frances Arlene Hughes

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

I, Leslie Acton *hereby certify that on the* 29th *day of* August, *one thousand nine hundred and* sixty-four *at* Danville, *County of* Hendricks, *State of Indiana, Groom* Phillip E. Wood *of* ~~Danville~~ Hendricks *County, State of* Indiana *and, Bride* Frances Arlene Hughes *of* Hendricks *County, State of* Indiana, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* Hendricks *County.*

Dated this 29th *day of* August, 19 64.

Signed Rev. Leslie Acton

Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 2nd *day of* Sept, 19 64.

Signed Claude Hughes Clerk

Hendricks Circuit Court

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 239
File 28
August 22-1964
Date of Application

MALE
Medical Examination Report Dated August 21-1964
Name of Physician L. N. Ellis M.D.

FEMALE
Medical Examination Report Dated August 21-1964
Name of Physician L. N. Ellis 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 Kenneth Middle Wayne Last Heagy

Date of Birth: Month July Day 23 Year 1941

Place of Birth (State or foreign country): Pittsboro Hendricks Co. Indiana

Residence Address: Pittsboro Street or R. R. Hendricks Co. City Co. County Indiana State

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

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation Mechanic

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

☐ Other (Specify) Drivers Ident Card

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

    Name Age Address

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

11. Full name of father Raymond Heagy
    Residence of father (if deceased so state) Pittsboro
    Occupation of father Laborer Race of father W
    Birthplace of father (State or foreign country) Danville Ind.
12. Full maiden name of mother Ruth Esther Crockett
    Residence of mother (if deceased so state) Pittsboro
    Occupation of mother Housewife Race of mother W.
    Birthplace of mother (State or foreign country) Clermont Indiana

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

Signed Kenneth Wayne Heagy

New Address.....

Subscribed and sworn to before me this 23 day of August, 19 64.

Claude Hughes Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

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

.....Clerk

FEMALE APPLICANT

Name: First Patricia Middle Ann Last Garland

Date of Birth: Month January Day 26 Year 1947

Place of Birth (State or foreign country): Indianapolis Indiana

Residence Address: Lizton Street or R. F. Hendricks City County Indiana State

Maiden Name if Different

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

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation unemployed

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

☐ Other (Specify).....

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

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

Signed Patricia Ann Garland

New Address.....

Subscribed and sworn to before me this 22 day of August, 19 64.

Claude Hughes Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed Elmer Urban Garland Father

Signed deceased. Mother

Subscribed and sworn to before me this 22 day of August, 19 64.

Claude Hughes Clerk

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

.....County.....Court by written order issued.....and filed

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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 August, 19 64, authorizing the joining together as husband and wife Kenneth Wayne Heagy and Patricia Ann Garland

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

I, ...hereby certify that on the.....day of.....,

one thousand nine hundred and.....at....., County of.....,

State of Indiana, Groom.....of.....County, State of.....

and, Bride.....of.....County, State of.....,

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

Dated this.....day of....., 19.....

Signed.....

Official Designation.....

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

Signed.....Clerk

.....Circuit Court

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 240
File Book 28
August 22-1964
Date of Application

MALE
Medical Examination Report Dated August 18-1964
Name of Physician M. M. Aiken M.D.

FEMALE
Medical Examination Report Dated August 18 1964
Name of Physician M. M. Aiken

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

MALE APPLICANT

Name: First David Middle Edward Last Gorman
Date of Birth: Month August Day 9 Year 1942.
Place of Birth (State or foreign country): Dayton Ohio
Residence Address: Street or R. R. 510 Darby City Plainfield County Hendr. State Ind
Previous Marital Status: Never Married ☑ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify).....
Usual Occupation
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) Selective Service Card

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

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.
Signed David E. Gorman
New Address.....
Subscribed and sworn to before me this 22nd day of August, 1964.
Claude Hughes Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

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

FEMALE APPLICANT

Name: First Peggietta Middle Happel Last
Date of Birth: Month October Day 14 Year 1942
Place of Birth (State or foreign country): Evansville Indiana
Residence Address: Street or R. R. 3541 N. Meridian City Indianapolis County Marion State Ind.
Maiden Name if Different
Previous Marital Status: Never Married ☑ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify).....
Usual Occupation: Secretary
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify).....

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
7. Full name of father Albert Eugene Happel
   Residence of father (if deceased so state) Merritt Is. Fla.
   Occupation of father Iron Worker Race of father W.
   Birthplace of father (State or foreign country) Indiana
8. Full maiden name of mother Ruby Irene Hutchison
   Residence of mother (if deceased so state) Merritt Is. Fla.
   Occupation of mother Secy - RCA Race of mother
   Birthplace of mother (State or foreign country) Kentucky

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.
Signed Peggietta Happel
New Address.....
Subscribed and sworn to before me this 22nd day of August, 1964.
Claude Hughes Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

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

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

RETURN 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* 26th *day of* August, 19 64., *authorizing the joining together as husband and wife* David Edward Gorman *and* Peggietta Happel
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, J. R. Davies *hereby certify that on the* 5th *day of* September, *one thousand nine hundred and* sixty-four *at* Indianapolis, *County of* Marion, *State of Indiana, Groom* Donald Edward Gorman *of* Hendricks *County, State of* Indiana *and, Bride* Peggietta Happel *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 5th *day of* Sept., 19 64.

Signed J. R. Davies
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 10th *day of* Sept., 19 64.
Signed Claude Hughes Clerk
Hendricks Circuit Court

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 241

File

Aug 22 - 1964
Date of Application

MALE
Medical Examination Report Dated Aug 12-1964
Name of Physician David B Haggard

FEMALE
Medical Examination Report Dated 7-28-64
Name of Physician John Elliott Jr M.D.

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

MALE APPLICANT

Name: First Darrell Middle Allen Last Wright

Date of Birth: Month Dec Day 18 Year 1941

Place of Birth (State or foreign country) Tuscola Illinois

Residence Address: Street or R. R. R1 Box 117 City Clayton County State Ind.

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

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation Student

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

☐ Other (Specify).....

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

Name	Age	Address

    (b) Are you supporting or contributing to their support? Yes ☐ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father Leary Leland Wright
    Residence of father (if deceased so state) Clayton
    Occupation of father Allisons Race of father W
    Birthplace of father (State or foreign country) Danville, Illinois
12. Full maiden name of mother Mary Pauline Wynne
    Residence of mother (if deceased so state) Clayton
    Occupation of mother Co Hospital Race of mother W
    Birthplace of mother (State or foreign country) La Place, Illinois

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

Signed x Darrell A Wright

New Address.....

Subscribed and sworn to before me this 22 day of aug, 19 64.

Claude Hughes Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana,
County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

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

.....Clerk

FEMALE APPLICANT

Name: First Annice Middle Carol Last Simmons

Date of Birth: Month Aug Day 2 Year 1942

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

Residence Address: Street or R. R. R2 City Clayton County State Ind.

Maiden Name if Different

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

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation Comptometer operator

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

☐ Other (Specify).....

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

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

Signed x Annice C Simmons

New Address.....

Subscribed and sworn to before me this 22 day of aug, 19 64.

Claude Hughes Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana,
County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

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

.....Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* Hendricks *Circuit Court of Indiana dated the* 26 *day of* August, 19 64, *authorizing the joining together as husband and wife* Darrell Allen Wright *and* Annice Carol Simmons.

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

I, Hartsel Wilhite *hereby certify that on the* 6th *day of* September, *one thousand nine hundred and* sixty-four, *at* Hazelwood, *State of Indiana, Groom* Darrell Allen Wright *of* Hendricks, *County, State of* Indiana, *and, Bride* Annice Carol 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 6th *day of* Sept, 19 64.

Signed Hartsel Wilhite

Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 9th *day of* September, 19 64.

Signed Claude Hughes

Clerk

Hendricks

Circuit Court

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 242
File Book 28
August 24-1964
Date of Application

MALE
Medical Examination Report Dated August 3-1964
Name of Physician Robert a. Schumaker M.D.

FEMALE
Medical Examination Report Dated August 4-1964
Name of Physician James R. Calvin 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 Marvin; Middle Lee; Last Smitherman
Date of Birth: Month October; Day 9; Year 1943
Place of Birth (State or foreign country): Indianapolis, Marion Co. Indiana
Residence Address: Street or R. R. 227 B Pickett Hall; City Terre Haute; County Vigo Co.; State Ind.
Previous Marital Status: Never Married ☑ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify).....
Usual Occupation Student
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify).....

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

Name	Age	Address

    (b) Are you supporting or contributing to their support? Yes ☐ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father Wendell Wilson Smitherman
    Residence of father (if deceased so state) RR #1 Coatesville
    Occupation of father Laborer Race of father W.
    Birthplace of father (State or foreign country) Morgan Co Ind.
12. Full maiden name of mother Lois Beck
    Residence of mother (if deceased so state) RR #1 Coatesville Ind
    Occupation of mother Housewife Race of mother W.
    Birthplace of mother (State or foreign country) Boone County Ind.

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

Signed Marvin Lee Smitherman
New Address.....

Subscribed and sworn to before me this 24 day of August, 19 64
Claude Hughes. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:
Signed Wendell Wilson Smitherman Father
Signed Lois Smitherman Mother
Subscribed and sworn to before me this 24 day of August, 19 64
Claude Hughes. Clerk

FEMALE APPLICANT

Name: First Mary; Middle Colleen; Last Hearin
Date of Birth: Month May; Day 12; Year 1943
Place of Birth (State or foreign country): Indianapolis Marion Co. Indiana
Residence Address: Street or R. R. 105 N. Milton St.; City Coatesville; County Hendricks; State Indiana
Maiden Name if Different
Previous Marital Status: Never Married ☑ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify).....
Usual Occupation Student
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify).....

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☐ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☐ Yes ☐
3. Are you afflicted with a transmissible disease? No ☐ Yes ☐
4. Are you related to the groom closer than second cousin? No ☐ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
7. Full name of father Halbert Arthur Hearin
   Residence of father (if deceased so state) ~~parents divorced~~ unknown
   Occupation of father..... Race of father W
   Birthplace of father (State or foreign country) unknown
8. Full maiden name of mother Jean Mildred Eastham
   Residence of mother (if deceased so state) Coatesville Hendricks County Ind.
   Occupation of mother Housewife Race of mother W
   Birthplace of mother (State or foreign country) Hendricks County Ind.

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

Signed Mary Colleen Hearin
New Address.....

Subscribed and sworn to before me this 24 day of August, 19 64
Claude Hughes. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* Hendricks *Circuit Court of Indiana dated the* 29 *day of* August, 1964, *authorizing the joining together as husband and wife* Marvin Lee Smitherman *and* Mary Colleen Hearin

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

I, Allen N. Reynolds *hereby certify that on the* 30th *day of* August, *one thousand nine hundred and* sixty-four *at* Coatesville, *County of* Hendricks, *State of Indiana, Groom* Marvin Lee Smitherman *of* Hendricks *County, State of* Indiana *and, Bride* Mary Colleen Hearin *of* Hendricks *County, State of* Indiana, *were 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* August, 1964.

Signed Allen N. Reynolds
Official Designation minister

Filed and recorded in accordance with the laws of the State of Indiana this 4th *day of* September, 1964.

Signed Claude Hughes *Clerk*
Hendricks *Circuit Court*

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 243
File Book 28
August 24-1964
Date of Application

MALE
Medical Examination Report Dated August 20- 1964
Name of Physician A. N. Scudder M.D.

FEMALE
Medical Examination Report Dated August 20-1964
Name of Physician A. N. Scudder M.D.

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

MALE APPLICANT

Name: First Roland Middle Brent Last Knuckles

Date of Birth: Month April Day 7 Year 1944

Place of Birth (State or foreign country): Indianapolis Marion Co. Indiana
(City, County, State)

Residence Address: Street or R. R. 102 no. North St. City Indianapolis County Marion State Ind.

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

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation: Shipping clerk

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

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☑ Yes ☐
   If answer to 3 is "yes" has the cause of such condition been removed? No ☑ Yes ☐
4. Are you afflicted with a transmissible disease? No ☑ Yes ☐
5. Are you related to the bride closer than second cousin? No ☑ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
8. Are you able to support a family? Yes ☐ No ☐
9. Are you likely to so continue? Yes ☐ No ☐
10. Do you have minor children from one or more former marriages? No ☐ Yes ☐
    (If yes, answer questions a, b, c)
    (a) List their full names, ages and addresses
    Name Age Address
    (b) Are you supporting or contributing to their support? Yes ☐ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father Howard Roland Knuckles
    Residence of father (if deceased so state) 102 no. North St. Indiana
    Occupation of father Laborer Race of father W
    Birthplace of father (State or foreign country) Borden Ind.
12. Full maiden name of mother Lillee Wynema Corn.
    Residence of mother (if deceased so state) 102 no North St Indpls
    Occupation of mother Housewife Race of mother W.
    Birthplace of mother (State or foreign country) Pekin Indiana

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

Signed Roland Brent Knuckles

New Address.....

Subscribed and sworn to before me this 24 day of August, 19 64
Claude Hughes Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed Howard K. Knuckles. Father
Signed Lillie W. Knuckles Mother

Subscribed and sworn to before me this 24 day of August, 19 64
Claude Hughes. Clerk

FEMALE APPLICANT

Name: First Jacklin Middle Marie Last Francis

Date of Birth: Month October Day 6 Year 1946

Place of Birth (State or foreign country): Indianapolis Marion Co. Indiana
(City, County, State)

Residence Address: Street or R. R. 514 Trevor City Brownsburg County Hendricks State Ind.

Maiden Name if Different

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

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation: unemployed

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

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
7. Full name of father Ralph George Francis
   Residence of father (if deceased so state) 514 Trevor Brownsburg
   Occupation of father Laborer Race of father W
   Birthplace of father (State or foreign country) Springfield Ills
8. Full maiden name of mother Clara Bell Bowmen
   Residence of mother (if deceased so state) 514 Trevor, Brownsburg
   Occupation of mother housewife Race of mother W
   Birthplace of mother (State or foreign country) Indianapolis Ind

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

Signed Jacklin Marie Francis

New Address.....

Subscribed and sworn to before me this 24 day of August, 19 64
Claude Hughes Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed Ralph George Francis Sr. Father
Signed Clarabelle Francis Mother

Subscribed and sworn to before me this 24 day of August, 64
Claude Hughes. Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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* August, 19 64, *authorizing the joining together as husband and wife* Roland Brent Knuckles *and* Jacklin Marie Francis

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

I, Harold V. Comer *hereby certify that on the* 29th *day of* August, *one thousand nine hundred and* sixty-four *at* Brownsburg, *State of Indiana, Groom* Roland Brent Knuckles *of* Marion *County, State of* Indiana, *and, Bride* Jacklin Marie Francis *of* Hendricks *County, State of* Indiana, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* Hendricks *County.*

Dated this 31st *day of* August, 19 64.

Signed Harold V. Comer
Official Designation Evangelist

Filed and recorded in accordance with the laws of the State of Indiana this 15th *day of* September, 19 64.

Signed Claude Hughes Clerk
Hendricks Circuit Court

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 244
File Book 28
August 29-1964
Date of Application

MALE
Medical Examination Report Dated August 26-1964
Name of Physician James Black MD

FEMALE
Medical Examination Report Dated August 26-1964
Name of Physician James Black MD

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

MALE APPLICANT

Name: First Ronald Middle Allen Last Eaton

Date of Birth: Month January Day 28 Year 1941

Place of Birth (State or foreign country) Indianapolis Indiana

Residence Address: Street or R. R. RR 1 Box 172 City Brownsburg County Hendricks State Indiana

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

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation Link Belt Co.

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

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

    Name Age Address

    (b) Are you supporting or contributing to their support? Yes ☐ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father Kelley A. Eaton
    Residence of father (if deceased so state) RR#1 Brownsburg
    Occupation of father Laborer Race of father W.
    Birthplace of father (State or foreign country) Brownsburg Indiana
12. Full maiden name of mother Virginia L. Jackson
    Residence of mother (if deceased so state) R #1 Brownsburg
    Occupation of mother housewife Race of mother W
    Birthplace of mother (State or foreign country) Brownsburg Ind.

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

Signed Ronald A. Eaton

New Address.....

Subscribed and sworn to before me this 29 day of August, 19 64

Claude Hughes Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

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

.....Clerk

FEMALE APPLICANT

Name: First Mildred Middle Ann Last Steele

Date of Birth: Month April Day 1 Year 1943

Place of Birth (State or foreign country) Crawfordsville Indiana

Residence Address: Street or R. R. 116 E Main City Brownsburg County Hendricks State Ind.

Maiden Name if Different

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

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation Student

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

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
7. Full name of father Howard L Steele
   Residence of father (if deceased so state) 116 E Main Brownsburg
   Occupation of father Laborer Race of father W.
   Birthplace of father (State or foreign country) Jamestown Indiana
8. Full maiden name of mother Thelma Janice Shinn
   Residence of mother (if deceased so state) 116 E Main Brownsburg
   Occupation of mother Housewife Race of mother W.
   Birthplace of mother (State or foreign country) Bloomington Indiana

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

Signed Mildred Ann Steele

New Address.....

Subscribed and sworn to before me this 29 day of August, 19 64

Claude Hughes Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

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

.....Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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* September, 1964, *authorizing the joining together as husband and wife* Ronald Allen Eaton *and* Mildred Ann Steele.

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

I, Lester B. Yeuch *hereby certify that on the* fourth *day of* September, *one thousand nine hundred and* sixty-four *at* Brownsburg, *County of* Hendricks, *State of Indiana, Groom* Ronald A. Eaton *of* Hendricks *County, State of* Indiana *and, Bride* Mildred A. Steele *of* Hendricks *County, State of* Indiana, *were 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 fourth *day of* September, 1964.

Signed Lester B. Yeuch

Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 14th *day of* Sept., 19 64.

Signed Claude Hughes *Clerk*

Hendricks *Circuit Court*

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 240

File

Aug 29 1964
Date of Application

MALE
Medical Examination Report Dated Aug 12, 1964
Name of Physician Thomas P. Chase, M.D.

FEMALE
Medical Examination Report Dated Aug 12, 1964
Name of Physician Thomas P. Chase, 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 Charles Middle George Last Bultinck

Date of Birth: Month July Day 15 Year 1942

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

Residence Address: Street or R. R. 110 East 11th St City Mishawaka County St Joseph State Ind.

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

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation: Student

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

☐ Other (Specify).....

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

    Name Age Address

    (b) Are you supporting or contributing to their support? Yes ☐ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father Charles Peter Bultinck
    Residence of father (if deceased so state) Mishawaka Ind.
    Occupation of father Design Draftsman Race of father White
    Birthplace of father (State or foreign country) Indiana
12. Full maiden name of mother Imelda Truckowski
    Residence of mother (if deceased so state) Mishawaka Ind.
    Occupation of mother Ball Bar Race of mother White
    Birthplace of mother (State or foreign country) Indiana

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

×Signed Charles George Bultinck

New Address.....

Subscribed and sworn to before me this 29 day of August, 19 64

Claude Hughes Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

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

.....Clerk

FEMALE APPLICANT

Name: First Anna Middle Dorothy Last Hilton

Date of Birth: Month April Day 2 Year 1943

Place of Birth (State or foreign country): Noblesville, Hamilton County

Residence Address: Street or R. R. Box 267 City Plainfield County Hendricks State Ind.

Maiden Name if Different

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

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation: Secretary

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

☐ Other (Specify).....

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

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

×Signed Anna Dorothy Hilton

New Address.....

Subscribed and sworn to before me this 29 day of Aug, 1964

Claude Hughes Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

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

.....Clerk

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* Hendricks *Circuit Court of Indiana dated the* 2 *day of* September, 19 64, *authorizing the joining together as husband and wife* Charles George Bultinck *and* Anna Dorothy Hilton

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

I, Les A. Pigott *hereby certify that on the* 5th *day of* September, *one thousand nine hundred and* sixty-four, *at* W. Lafayette, *State of Indiana, Groom* Charles George Bultinck *of* St. Joseph *County, State of* Indiana, *and, Bride* Anna Dorothy Hilton *of* Hendricks *County, State of* Indiana, *were 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 5th *day of* Sept., 19 64.

Signed Les A. Pigott

Official Designation Catholic Priest

Filed and recorded in accordance with the laws of the State of Indiana this 9th *day of* September, 19 64.

Signed Claude Hughes

Hendricks

Clerk

Circuit Court

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 246
File Book 28
August 29-1964
Date of Application

MALE
Medical Examination Report Dated August 25 1964
Name of Physician Lloyd S. Terry MD.

FEMALE
Medical Examination Report Dated August 25 1964
Name of Physician Lloyd S. Terry MD.

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

MALE APPLICANT

Name: First Larry Middle Tom Last Groff.
Date of Birth: Month October Day 12 Year 1944
Place of Birth (State or foreign country): Ada Oklahoma
Residence Address: Street or R. R. R#1 Box 36C City Danville County Hendricks State Ind.
Previous Marital Status: Never Married ☑ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify).....
Usual Occupation Chrysler Corp.
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) Drivers License

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

    Name Age Address

    (b) Are you supporting or contributing to their support? Yes ☐ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father John J. Groff
    Residence of father (if deceased so state) R#1 Box 26C Danville
    Occupation of father Laborer Race of father W
    Birthplace of father (State or foreign country) Watonga Okla
12. Full maiden name of mother Cecil E. Mason
    Residence of mother (if deceased so state) R#1 Box 26C Danville
    Occupation of mother Housewife Race of mother W
    Birthplace of mother (State or foreign country) Wanetta Okla

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.
Signed Larry Tom Groff
New Address.....
Subscribed and sworn to before me this 29 day of August, 1964
Claude Hughes Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:
Signed John J. Groff Father
Signed Cecil E. Groff Mother
Subscribed and sworn to before me this 29 day of August, 1964
Claude Hughes Clerk

FEMALE APPLICANT

Name: First Jo Ann Middle — Last Smith
Date of Birth: Month March Day 16 Year 1946
Place of Birth (State or foreign country): Indianapolis Indiana
Residence Address: Street or R. R. Liston City Hendricks County State Indiana
Maiden Name if Different
Previous Marital Status: Never Married ☑ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify).....
Usual Occupation File Clerk
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify).....

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

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.
Signed Jo Ann Smith
New Address.....
Subscribed and sworn to before me this 29 day of August, 1964
Claude Hughes Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the Hendricks Circuit Court of Indiana dated the 2nd day of September, 1964, authorizing the joining together as husband and wife Larry Tom Groff and Jo Ann Smith.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Rev. Henry A. Harris hereby certify that on the 4th day of September, one thousand nine hundred and sixty-four at Danville, County of Hendricks, State of Indiana, Groom Larry Tom Groff of Hendricks County, State of Indiana and, Bride Jo Ann 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 4th day of September, 1964.
Signed Rev. Henry A Harris
Official Designation Minister
Filed and recorded in accordance with the laws of the State of Indiana this 5th day of Sept., 1964.
Signed Claude Hughes Clerk
Hendricks Circuit Court

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 247
File Book 28
August 29-1964
Date of Application

MALE
Medical Examination Report Dated Aug 25-1964
Name of Physician Elmer L. Kock M.D.

FEMALE
Medical Examination Report Dated August 25-1964
Name of Physician August 25-1964.

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

MALE APPLICANT

Name: First Ewell Middle Kenneth Last Noland Jr.
Date of Birth: Month March Day 16 Year 1944
Place of Birth (State or foreign country): Indianapolis Marion Co Ind.
Residence Address: Street or R. F. RR-1 City North Salem County Hendricks State Ind.
Previous Marital Status: Never Married ☑ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify).....
Usual Occupation: Coca Cola Co.
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) Drivers License

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

    Name Age Address

    (b) Are you supporting or contributing to their support? Yes ☐ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father: Ewell Kenneth Noland Jr.
    Residence of father (if deceased so state): RR1 North Salem
    Occupation of father: Laborer Race of father: W
    Birthplace of father (State or foreign country): Hendricks Co. Ind.
12. Full maiden name of mother: Dorothy Irene Parker
    Residence of mother (if deceased so state): RR 1 North Salem
    Occupation of mother: housewife Race of mother: W.
    Birthplace of mother (State or foreign country): Hendricks Co Ind.

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

Signed Ewell Kenneth Noland, Jr.
New Address.....

Subscribed and sworn to before me this 29 day of August, 19 64
Claude Hughes Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

Signed Ewell K. Noland Father
Signed Dorothy I. Noland Mother
Subscribed and sworn to before me this 29 day of August, 19 64
Claude Hughes Clerk

FEMALE APPLICANT

Name: First Roberta Middle Kay Last Meadows
Date of Birth: Month June Day 6 Year 1946
Place of Birth (State or foreign country): Crawfordsville Indiana.
Residence Address: Street or R. R. RR 4 City Crawfordsville County Montgomery State Indiana
Maiden Name if Different
Previous Marital Status: Never Married ☑ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify).....
Usual Occupation: Sears & Roebuck.
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☐ Other (Specify).....

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
7. Full name of father: Robert L. Meadows
   Residence of father (if deceased so state): R 4 Crawfordsville
   Occupation of father: Laborer Race of father: W.
   Birthplace of father (State or foreign country): Montgomery Co. Ind.
8. Full maiden name of mother: Dorothy Mae Stephens
   Residence of mother (if deceased so state): R 4 Crawfordsville
   Occupation of mother: Housewife Race of mother: W.
   Birthplace of mother (State or foreign country): Montgomery Co. Ind.

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

Signed Roberta Kay Meadows
New Address.....

Subscribed and sworn to before me this 29 day of August, 19 64
Claude Hughes Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

State of Indiana, County of HENDRICKS } ss:

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

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

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the Hendricks Circuit Court of Indiana dated the 2 day of September, 19 64, authorizing the joining together as husband and wife Ewell K. Noland Jr. and Roberta Kay Meadows
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Dwight L. Gooch hereby certify that on the 2nd day of Sept, one thousand nine hundred and 64 at Bond Hall, County of Hendricks, State of Indiana, Groom Ewell Kenneth Noland, Jr. of Hendricks County, State of Indiana, and, Bride Roberta Kay Meadows 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 .....County.
Dated this 2nd day of Sept, 19 64.

Signed Dwight L. Gooch
Official Designation Friendly, Methodist Church

Filed and recorded in accordance with the laws of the State of Indiana this 4th day of Sept, 19 64.

Signed Claude Hughes Clerk
Hendricks Circuit Court

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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 248

File

Aug 31, 1964
Date of Application

MALE
Medical Examination Report Dated 8-27-64
Name of Physician Lloyd S. Terry, M.D.

FEMALE
Medical Examination Report Dated 8-27-64
Name of Physician Lloyd S. Terry, M.D.

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

MALE APPLICANT

Name: First John Middle Seth Last Whicker

Date of Birth: Month November Day 5 Year 1943

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

Residence Address: Street or R. R. RR#3 City Danville County Hendricks State Ind.

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

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

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

Usual Occupation Student - Purdue

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

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☑ Yes ☐
   If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☑ Yes ☐
5. Are you related to the bride closer than second cousin? No ☑ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
8. Are you able to support a family? Yes ☑ No ☐
9. Are you likely to so continue? Yes ☑ No ☐
10. Do you have minor children from one or more former marriages? No ☑ Yes ☐
    (If yes, answer questions a, b, c)
    (a) List their full names, ages and addresses

Name	Age	Address

    (b) Are you supporting or contributing to their support? Yes ☐ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father Charles Allan Whicker
    Residence of father (if deceased so state) R.R#3 Danville
    Occupation of father Farmer Race of father White
    Birthplace of father (State or foreign country) Indiana
12. Full maiden name of mother Alida Harriet Hadley
    Residence of mother (if deceased so state) RR#3 Danville
    Occupation of mother Housewife Race of mother White
    Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed John Seth Whicker

New Address.....

Subscribed and sworn to before me this 31 day of Aug, 19 64

Claude Hughes Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed Charles A. Whicker Father

Signed Harriet Hadley Whicker Mother

Subscribed and sworn to before me this 31 day of Aug, 19 64

Claude Hughes Clerk

FEMALE APPLICANT

Name: First Joan Middle Linda Last Barnett

Date of Birth: Month Feb. Day 3 Year 1944

Place of Birth (State or foreign country) Marion Co. Indiana

Residence Address: Street or R. R. #6 S. Tenn. City Danville County Hend. State Ind.

Maiden Name if Different

Previous Marital Status: Never Married ☑ Number of Previous Marriages.....

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race: White ☑ Negro ☐ Other ☐ (specify).....

Usual Occupation Student - Purdue

Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify).....

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
7. Full name of father Robert C. Barnett
   Residence of father (if deceased so state) Danville Indiana
   Occupation of father Home Lumber Co. Race of father White
   Birthplace of father (State or foreign country) Indiana
8. Full maiden name of mother Joan Tirza Griffey
   Residence of mother (if deceased so state) Danville, Indiana
   Occupation of mother Bookkeeper Race of mother White
   Birthplace of mother (State or foreign country) Michigan

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Joan Linda Barnett

New Address.....

Subscribed and sworn to before me this 31 day of Aug, 19 64

Claude Hughes Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the .....County.....Court by written order issued.....and filed in.....authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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* Sept., 19 64, *authorizing the joining together as husband and wife* John Seth Whicker *and* Joan Linda Barnett.

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Allen N. Reynolds *hereby certify that on the* 6th *day of* Sept., *one thousand nine hundred and* sixty-four *at* Danville, *County of* Hendricks, *State of Indiana, Groom* John Seth Whicker *of* Hendricks *County, State of* Indiana *and, Bride* Joan Linda Barnett *of* Hendricks *County, State of* Indiana, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* Hendricks *County.*

Dated this sixth *day of* Sept., 19 64.

Signed Allen N. Reynolds

Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 9th *day of* Sept., 19 64.

Signed Claude Hughes *Clerk*
Hendricks *Circuit Court*

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Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 247
File Book 26
Aug 31 - 1964
Date of Application

MALE
Medical Examination Report Dated August 27-1964
Name of Physician Irving Coken MD

FEMALE
Medical Examination Report Dated August 27-1964
Name of Physician Irving Coken 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 Robert Middle (Cody) Last Shrake
Date of Birth: Month February Day 3 Year 1937
Place of Birth (State or foreign country) Plainfield Hendricks Co. Indiana
Residence Address: Street or R. R. 204 So Mill St. City Plainfield County Hendricks State Ind.
Previous Marital Status: Never Married ☑ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify).....
Usual Occupation Indpls Power & Light Co.
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) Drivers Licence

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☑ Yes ☐
   If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☑ Yes ☐
5. Are you related to the bride closer than second cousin? No ☑ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
8. Are you able to support a family? Yes ☐ No ☐
9. Are you likely to so continue? Yes ☐ No ☐
10. Do you have minor children from one or more former marriages? No ☐ Yes ☐
    (If yes, answer questions a, b, c)
    (a) List their full names, ages and addresses

Name	Age	Address

    (b) Are you supporting or contributing to their support? Yes ☐ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father Burl Shrake
    Residence of father (if deceased so state) Unknown
    Occupation of father..... Race of father W
    Birthplace of father (State or foreign country) Mooresville Ind
12. Full maiden name of mother Ruth Marie Walker
    Residence of mother (if deceased so state) 204 So Mill Plainfield
    Occupation of mother Housewife Race of mother W
    Birthplace of mother (State or foreign country) Plainfield Ind

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Robert C Shrake
New Address.....

Subscribed and sworn to before me this 31 day of August, 19 64
Claude Hughes, Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day of....., 19.....
.....Clerk

FEMALE APPLICANT

Name: First Betty Middle Joan Last Doan
Date of Birth: Month March Day 4- Year 1942
Place of Birth (State or foreign country) Universal, Vermillion - Indiana
Residence Address: Street or R. R. 216 W Lincoln City Plainfield County Hendricks State Ind.
Maiden Name if Different
Previous Marital Status: Never Married ☑ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify).....
Usual Occupation Lake Central Air Lines Stew.
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) Drivers Licence

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
7. Full name of father Perle Doan
   Residence of father (if deceased so state) Lebanon Ind
   Occupation of father Farmer Race of father W.
   Birthplace of father (State or foreign country) Clinton Indiana
8. Full maiden name of mother Myrtle Nadeen Searing
   Residence of mother (if deceased so state) Clinton Indiana
   Occupation of mother Housewife Race of mother W
   Birthplace of mother (State or foreign country) Clinton Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Betty Joan Doan
New Address.....

Subscribed and sworn to before me this 31 day of August, 1964
Claude Hughes Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day of....., 19.....
.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the .....County.....Court by written order issued.....and filed in.....authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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 September, 1964, authorizing the joining together as husband and wife Robert C Shrake and Betty Joan Doan
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Warren A. Robbins hereby certify that on the 5th day of Sept, one thousand nine hundred and 64 at Plainfield, County of Hendricks, State of Indiana, Groom Robert C Shrake of Hendricks County, State of Indiana, and, Bride Betty Joan Doan of Hendricks County, State of Indiana, were by me united 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 Sept, 19 64.

Signed Warren A. Robbins
Official Designation Christian Minister

Filed and recorded in accordance with the laws of the State of Indiana this 9th day of Sept, 1964.
Signed Claude Hughes
Hendricks Clerk
Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 250

File

Aug. 31, 1964
Date of Application

MALE
Medical Examination Report Dated August 25, 1964
Name of Physician J. A. Creek. M.D.

FEMALE
Medical Examination Report Dated August 25, 1964
Name of Physician J. A. Creek, 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 Richard Middle Jerome Last Kale

Date of Birth: Month July Day 6th Year 1942

Place of Birth (State or foreign country) Detroit Michigan

Residence Address: Street or R. R. 3225 S. Jordan City Bloomington County Mond. State Ind.

Previous Marital Status: Never Married ☑ Number of Previous Marriages.....

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race: White ☑ Negro ☐ Other ☐ (specify).....

Usual Occupation Student

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☑ Other (Specify) Exemplification of Record

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☑ Yes ☐
   If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☑ Yes ☐
5. Are you related to the bride closer than second cousin? No ☑ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
8. Are you able to support a family? Yes ☑ No ☐
9. Are you likely to so continue? Yes ☑ No ☐
10. Do you have minor children from one or more former marriages? No ☑ Yes ☐
    (If yes, answer questions a, b, c)
    (a) List their full names, ages and addresses

    Name Age Address

    (b) Are you supporting or contributing to their support? Yes ☐ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father Cass Kale
    Residence of father (if deceased so state) deceased
    Occupation of father..... Race of father White
    Birthplace of father (State or foreign country) Detroit Michigan
12. Full maiden name of mother Jean Dudek
    Residence of mother (if deceased so state) 6736 Faust, Detroit Michigan
    Occupation of mother Purchasing Agent Race of mother White
    Birthplace of mother (State or foreign country) Detroit, Michigan

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Richard J. Kale

New Address.....

Subscribed and sworn to before me this 31 day of August, 1964.

Claude Hughes Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

FEMALE APPLICANT

Name: First Donna Middle Raye Last Forsythe

Date of Birth: Month 12 Day 21 Year 1943

Place of Birth (State or foreign country) Eustis Florida

Residence Address: Street or R. R. 327 Brookside Lane City Plainfield County Hend. State Ind.

Maiden Name if Different

Previous Marital Status: Never Married ☑ Number of Previous Marriages.....

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race: White ☑ Negro ☐ Other ☐ (specify).....

Usual Occupation Nurse

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☑ Other (Specify) Drivers license

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
7. Full name of father Max Willard Forsythe
   Residence of father (if deceased so state) Plainfield, Ind.
   Occupation of father Civil Eng. Race of father White
   Birthplace of father (State or foreign country) Grand Rapids, Mich.
8. Full maiden name of mother Edna Maxine Hudson
   Residence of mother (if deceased so state) Plainfield, Ind.
   Occupation of mother housewife Race of mother White
   Birthplace of mother (State or foreign country) Akron, Ohio.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Donna Raye Forsythe

New Address.....

Subscribed and sworn to before me this 31 day of August, 1964

Claude Hughes Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the .....County.....Court by written order issued.....and filed in.....authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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* September, 19 64, *authorizing the joining together as husband and wife* Richard Jerome Kale *and* Donna Raye Forsythe

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Rev. Donald Crosbley *hereby certify that on the* 5th *day of* September, *one thousand nine hundred and* 64 *at* Plainfield, *County of* Hendricks, *State of Indiana, Groom* Richard Jerome Kale *of* Hendricks *County, State of* Indiana *and, Bride* Donna Raye Forsythe *of* Hendricks *County, State of* Indiana, *were by me united 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* Sept, 19 64.

Signed Rev. Donald Crosbley

Official Designation Catholic Priest

Filed and recorded in accordance with the laws of the State of Indiana this 8th *day of* Sept., 19 64.

Signed Claude Hughes *Clerk*
Hendricks *Circuit Court*

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Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 251

File

Aug 31, 1964
Date of Application

MALE
Medical Examination Report Dated Aug 29, 1964
Name of Physician M. O. Scamahorn, M.D.

FEMALE
Medical Examination Report Dated Aug 29 1964
Name of Physician M. O. Scamahorn, M.D.

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First John Middle E. Last Schleicher, Jr.

Date of Birth: Month August Day 1 Year 1940

Place of Birth (State or foreign country) Nashville, Tennessee

Residence Address: 19 Street or R. R. Lincoln City Brownsburg County Hend State Ind

Previous Marital Status: Never Married ☒ Number of Previous Marriages.....

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race: White ☒ Negro ☐ Other ☐ (specify).....

Usual Occupation International Harvester

Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree

☐ Other (Specify).....

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☒ Yes ☐
   Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
   If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☒ Yes ☐
5. Are you related to the bride closer than second cousin? No ☒ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
8. Are you able to support a family? Yes ☒ No ☐
9. Are you likely to so continue? Yes ☒ No ☐
10. Do you have minor children from one or more former marriages? No ☐ Yes ☐
    (If yes, answer questions a, b, c)
    (a) List their full names, ages and addresses

Name	Age	Address

(b) Are you supporting or contributing to their support? Yes ☐ No ☐
(c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐

11. Full name of father John Edward Schleicher
    Residence of father (if deceased so state) Nashville Tenn.
    Occupation of father Painter Race of father white
    Birthplace of father (State or foreign country) Nashville, Tenn.
12. Full maiden name of mother Dorothy Eaton Sowell
    Residence of mother (if deceased so state) Nashville Tenn.
    Occupation of mother housewife Race of mother white
    Birthplace of mother (State or foreign country) Nashville Tenn.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed John E. Schleicher Jr.

New Address.....

Subscribed and sworn to before me this 31 day of Aug, 19 64.

Claude Hughes Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

FEMALE APPLICANT

Name: First Judy Middle Dale Last McHenry

Date of Birth: Month May Day 8 Year 1943

Place of Birth (State or foreign country) Nashville, Tenn.

Residence Address: RR #1 Street or R. R. Brownsburg City Hend County Ind State

Maiden Name if Different

Previous Marital Status: Never Married ☒ Number of Previous Marriages.....

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race: White ☒ Negro ☐ Other ☐ (specify).....

Usual Occupation none

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree

☒ Other (Specify) Driver's license

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☒ Yes ☐
   Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you afflicted with a transmissible disease? No ☒ Yes ☐
4. Are you related to the groom closer than second cousin? No ☒ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
7. Full name of father Jesse Dale McHenry
   Residence of father (if deceased so state) Brownsburg Ind.
   Occupation of father Allison's Race of father white
   Birthplace of father (State or foreign country) Indiana
8. Full maiden name of mother Lucille Riley
   Residence of mother (if deceased so state) Brownsburg Ind.
   Occupation of mother housewife Race of mother white
   Birthplace of mother (State or foreign country) Nashville Tenn.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Judy Dale McHenry

New Address.....

Subscribed and sworn to before me this 31 day of Aug, 1964.

Claude Hughes Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT.

A marriage license having been refused to the above named parties, the.....County.....Court by written order issued.....and filed in.....authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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* September, 19 64, *authorizing the joining together as husband and wife* John E. Schleicher Jr. *and* Judy Dale McHenry.

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Lester B. Yeoich *hereby certify that on the* sixth *day of* September, *one thousand nine hundred and* sixty-four *at* Brownsburg, *County of* Hendricks, *State of Indiana, Groom* John E. Schleicher, Jr. *of* Hendricks *County, State of* Indiana *and, Bride* Judy Dale McHenry *of* Hendricks *County, State of* Indiana, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* Hendricks *County.*

Dated this sixth *day of* September, 19 64.

Signed Lester B. Yeoich

Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 14th *day of* September, 19 64.

Signed Claude Hughes *Clerk*

Hendricks *Circuit Court*

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 252

File

Aug 31-1964
Date of Application

MALE
Medical Examination Report Dated Aug 24-1964
Name of Physician Leo Kammen M.D.

FEMALE
Medical Examination Report Dated Aug 24-1964
Name of Physician Leo Kammen M.D.

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Donald Middle [illegible] Last Stinnett

Date of Birth: Month June Day 5 Year 1943

Place of Birth (State or foreign country): Garrard Co. Kentucky

Residence Address: Street or R. R. 9625 W Work. City Indianapolis County Hendricks State Ind.

Previous Marital Status: Never Married ☒ Number of Previous Marriages.....

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race: White ☒ Negro ☐ Other ☐ (specify).....

Usual Occupation: Thomas & Skinner

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☒ Other (Specify) Drivers License

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☒ Yes ☐
   Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
   If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☒ Yes ☐
5. Are you related to the bride closer than second cousin? No ☒ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
8. Are you able to support a family? Yes ☒ No ☐
9. Are you likely to so continue? Yes ☒ No ☐
10. Do you have minor children from one or more former marriages? No ☒ Yes ☐
    (If yes, answer questions a, b, c)
    (a) List their full names, ages and addresses

    Name Age Address

    (b) Are you supporting or contributing to their support? Yes ☐ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐

11. Full name of father John Stinnett
    Residence of father (if deceased so state) Indlps, Hend. Ind.
    Occupation of father Hobb's Nursery Race of father White
    Birthplace of father (State or foreign country) Kentucky
12. Full maiden name of mother Pearl Mae Burgess
    Residence of mother (if deceased so state) Indlps. Hend. Ind.
    Occupation of mother Nursing Home Race of mother White
    Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Donald Stinnett

New Address.....

Subscribed and sworn to before me this 31 day of August, 1964.

Claude Hughes Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

FEMALE APPLICANT

Name: First Judy Middle [illegible] Last Gerbick

Date of Birth: Month Dec Day 17 Year 1942

Place of Birth (State or foreign country): Indianapolis Ind.

Residence Address: Street or R. R. 1797 N. Somerset City Indianapolis County Marion State Ind.

Maiden Name if Different

Previous Marital Status: Never Married ☒ Number of Previous Marriages.....

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race: White ☒ Negro ☐ Other ☐ (specify).....

Usual Occupation: None

Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree
☐ Other (Specify).....

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☒ Yes ☐
   Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you afflicted with a transmissible disease? No ☐ Yes ☐
4. Are you related to the groom closer than second cousin? No ☒ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
7. Full name of father Nadalio Gerbick
   Residence of father (if deceased so state) Indlps, Marion Ind.
   Occupation of father Allison's Race of father White
   Birthplace of father (State or foreign country) Indlps, Indiana
8. Full maiden name of mother Hazel T. Leason
   Residence of mother (if deceased so state) Indlps, Marion Ind.
   Occupation of mother Wilco Race of mother White
   Birthplace of mother (State or foreign country) Kentucky

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Judy Gerbick

New Address.....

Subscribed and sworn to before me this 31 day of August, 1964.

Claude Hughes Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the.....County.....Court by written order issued.....and filed in.....authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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* September 1964, *authorizing the joining together as husband and wife* Donald Stinnett *and* Judy Gerbick

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Rev. Edward Bickel *hereby certify that on the* 5th *day of* September, *one thousand nine hundred and* 64 *at* Indianapolis, *County of* Hendricks, *State of Indiana, Groom* Donald Stinnett *of* Hendricks *County, State of* Indiana *and, Bride* Judy Diane Gerbick *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 5th *day of* September, 1964.

Signed Edward Bickel

Official Designation Pastor

Filed and recorded in accordance with the laws of the State of Indiana this 9th *day of* September, 1964.

Signed Claude J. Hughes *Clerk*

Hendricks *Circuit Court*

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 253

File

Sept 2, 1964
Date of Application

MALE
Medical Examination Report Dated Sept 1, 1964
Name of Physician Irving Cohen, M.D.

FEMALE
Medical Examination Report Dated Sept 1, 1964
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 Leon Middle — Last English

Date of Birth: Month Jan. Day 12 Year 1934

Place of Birth (State or foreign country) Liberty Twp. Hendricks Co. Indiana

Residence Address: Street or R. R. Clayton City Hendricks County State Ind.

Previous Marital Status: Never Married ☐ Number of Previous Marriages 2

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

Color or Race: White ☑ Negro ☐ Other ☐ (specify)

Usual Occupation Well Driller

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☑ Other (Specify)

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☑ Yes ☐
   If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☑ Yes ☐
5. Are you related to the bride closer than second cousin? No ☑ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
8. Are you able to support a family? Yes ☐ No ☐
9. Are you likely to so continue? Yes ☑ No ☐
10. Do you have minor children from one or more former marriages? No ☐ Yes ☑
    (If yes, answer questions a, b, c)
    (a) List their full names, ages and addresses

Name	Age	Address
Pamela Jo English	10	Clayton
albert Lee English	8½	Clayton

    (b) Are you supporting or contributing to their support? Yes ☐ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father Willard English
    Residence of father (if deceased so state) Clayton Ind.
    Occupation of father Well driller Race of father White
    Birthplace of father (State or foreign country) Indiana
12. Full maiden name of mother Mable Mabe
    Residence of mother (if deceased so state) Clayton, Indiana
    Occupation of mother Housewife Race of mother White
    Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Leon English

New Address

Subscribed and sworn to before me this 2 day of Sept, 1964

Claude Hughes Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

FEMALE APPLICANT

Name: First Linda Middle Marie Last Dawn

Date of Birth: Month May Day 28 Year 1945

Place of Birth (State or foreign country) Marion County Ind.

Residence Address: Street or R. R. 1660 Hawthorne Drive City Plainfield County Hend. State Ind.

Maiden Name if Different

Previous Marital Status: Never Married ☑ Number of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race: White ☑ Negro ☐ Other ☐ (specify)

Usual Occupation Assistant Bookkeeper

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☑ Other (Specify) Driver's License

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
7. Full name of father Horace Dawn
   Residence of father (if deceased so state) Plainfield Ind.
   Occupation of father Trucker Race of father White
   Birthplace of father (State or foreign country) Indiana
8. Full maiden name of mother Ruth Howard
   Residence of mother (if deceased so state) Plainfield Ind
   Occupation of mother housewife Race of mother white
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Linda Maye Dawn

New Address

Subscribed and sworn to before me this 2 day of Sept, 1964

Claude Hughes Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day 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 8-2-64 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 2 day of September, 1964, authorizing the joining together as husband and wife Leon English and Linda Marie Dawn

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Rev. Wayne Baxter hereby certify that on the 5th day of Sept, one thousand nine hundred and 64 at Brownsville, County of Howard, State of Indiana, Groom Leon English of Hendricks County, State of Indiana, and, Bride Linda Marie Dawn of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of Hendricks County.

Dated this 2nd day of Sept., 19 64.

Signed Rev. Wayne Baxter

Official Designation Methodist Minister

Filed and recorded in accordance with the laws of the State of Indiana this 9th day of Sept., 19 64.

Signed Claude Hughes
Hendricks
Clerk
Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 254

File

Sept 4, 1964
Date of Application

MALE
Medical Examination Report Dated Sept 1, 1964
Name of Physician Manuel Largespada

FEMALE
Medical Examination Report Dated Sept 1, 1964
Name of Physician Manuel Largespada

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First: George Middle: W. Last: Mantooth

Date of Birth: Month: July Day: 4 Year: 1919

Place of Birth (State or foreign country): Clayton Indiana

Residence Address: Street or R. R.: 914 Monroe Ave City: Dalpha - Marion - County: Indiana State:

Previous Marital Status: Never Married ☐ Number of Previous Marriages: 2

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

Color or Race: White ☒ Negro ☐ Other ☐ (specify)

Usual Occupation: Stock yard Employee

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) Army Discharge

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☒ Yes ☐
   Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
   If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
4. Are you afflicted with a transmissible disease? No ☒ Yes ☐
5. Are you related to the bride closer than second cousin? No ☒ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
8. Are you able to support a family? Yes ☑ No ☐
9. Are you likely to so continue? Yes ☑ No ☐
10. Do you have minor children from one or more former marriages? No ☒ Yes ☐
    (If yes, answer questions a, b, c)
    (a) List their full names, ages and addresses

    Name Age Address

    (b) Are you supporting or contributing to their support? Yes ☐ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father: George W. Mantooth, Jr.
    Residence of father (if deceased so state): Clayton R R #
    Occupation of father: retired Race of father: White
    Birthplace of father (State or foreign country): Boone Co, Indiana
12. Full maiden name of mother: Minnie Florence Thompson
    Residence of mother (if deceased so state): deceased
    Occupation of mother: — Race of mother: —
    Birthplace of mother (State or foreign country): Morgan county, Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed George W Mantooth

New Address

Subscribed and sworn to before me this 4 day of Sept., 1964

Claude Hughes Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

FEMALE APPLICANT

Name: First: Mary Middle: A. Last: Durin

Date of Birth: Month: Nov Day: 16 Year: 1922

Place of Birth (State or foreign country): Fairbanks Morgan

Residence Address: 238 Elm Street or R. R. Plainfield City Morgan County Indiana State

Maiden Name if Different: Mary A Caldwell

Previous Marital Status: Never Married ☐ Number of Previous Marriages: 1

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

Color or Race: White ☒ Negro ☐ Other ☐ (specify)

Usual Occupation: Richardson Rubber Co.

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☐ Other (Specify)

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☒ Yes ☐
   Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you afflicted with a transmissible disease? No ☒ Yes ☐
4. Are you related to the groom closer than second cousin? No ☒ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
7. Full name of father: Frank Caudwell
   Residence of father (if deceased so state): Danville, Indiana R R #
   Occupation of father: retired Race of father: white
   Birthplace of father (State or foreign country): Kansas
8. Full maiden name of mother: Esther Inmosser
   Residence of mother (if deceased so state): deceased
   Occupation of mother: — Race of mother: —
   Birthplace of mother (State or foreign country): Morgan Co

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Mary A Durin

New Address

Subscribed and sworn to before me this 4 day of Sept, 1964

Claude Hughes Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the ..... County ..... Court by written order issued ..... and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* Hendricks *Circuit Court of Indiana dated the* 9 *day of* September, 19 64, *authorizing the joining together as husband and wife* George W. Mantooth *and* Mary A. Durin.

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, David C. Trimbull *hereby certify that on the* 11th *day of* September, *one thousand nine hundred and* sixty-four *at* Danville, *County of* Hendricks, *State of Indiana, Groom* George W. Mantooth *of* Morgan *County, State of* Indiana *and, Bride* Mary A. Durin *of* Hendricks *County, State of* Indiana, *were by me united 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* September, 19 64.

Signed David C. Trimbull

Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 15th *day of* September, 19 64.

Signed Claude Hughes *Clerk*

Hendricks *Circuit Court*

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 255

File

Sept 5, 1964
Date of Application

MALE
Medical Examination Report Dated 8-19-64
Name of Physician Thomas Walker, M.D.

FEMALE
Medical Examination Report Dated 8-19-64
Name of Physician Thomas Walker, M.D.

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Harold Middle Arthur Last Mickley

Date of Birth: Month Aug Day 11 Year 1939

Place of Birth (State or foreign country) Ellwood City, Pa.

Residence Address: Street or R. R. 249 N. Linhurst Dr. City Indpls County Hend State Ind.

Previous Marital Status: Never Married ☑ Number of Previous Marriages.....

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race: White ☑ Negro ☐ Other ☐ (specify).....

Usual Occupation Employment Counselor

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree

☑ Other (Specify) Driver's License

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☑ Yes ☐
   If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☑ Yes ☐
5. Are you related to the bride closer than second cousin? No ☑ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
8. Are you able to support a family? Yes ☑ No ☐
9. Are you likely to so continue? Yes ☑ No ☐
10. Do you have minor children from one or more former marriages? No ☐ Yes ☐
    (If yes, answer questions a, b, c)
    (a) List their full names, ages and addresses

    Name Age Address

    (b) Are you supporting or contributing to their support? Yes ☐ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father Robert Eugene Mickley
    Residence of father (if deceased so state) Akron, Ohio
    Occupation of father Postal Carrier Race of father White
    Birthplace of father (State or foreign country) Ohio
12. Full maiden name of mother Mildred Annetta Hess
    Residence of mother (if deceased so state) Ellwood City, Pa.
    Occupation of mother Housewife Race of mother White
    Birthplace of mother (State or foreign country) Ellwood City, Pa.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Harold A. Mickley

New Address.....

Subscribed and sworn to before me this 5 day of Sept, 1964.

Claude Hughes Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

FEMALE APPLICANT

Name: First Barbara Middle Hartlage Last

Date of Birth: Month July Day 20 Year 1946

Place of Birth (State or foreign country) Indpls, Indiana

Residence Address: Street or R. R. 318 S. School City Brownsburg County Hend State Ind.

Maiden Name if Different

Previous Marital Status: Never Married ☑ Number of Previous Marriages.....

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race: White ☑ Negro ☐ Other ☐ (specify).....

Usual Occupation Bookkeeper

Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree

☐ Other (Specify).....

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
7. Full name of father Carl Thomas Hartlage
   Residence of father (if deceased so state) Brownsburg, Ind.
   Occupation of father Lilly's Race of father White
   Birthplace of father (State or foreign country) Indpls Ind.
8. Full maiden name of mother Margaret Beverly Hart
   Residence of mother (if deceased so state) Brownsburg Ind.
   Occupation of mother Standard Life's Race of mother White
   Birthplace of mother (State or foreign country) Lebanon, Ind.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Barbara J. Hartlage

New Address.....

Subscribed and sworn to before me this 5 day of Sept, 1964.

Claude Hughes Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the.....County.....Court by written order issued.....and filed in.....authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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* September, 1964, *authorizing the joining together as husband and wife* Harold Arthur Mickley *and* Barbara Hartlage.

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Sister B Yeuch, *hereby certify that on the* twelfth *day of* September, *one thousand nine hundred and* sixty-four, *at* Brownsburg, *County of* Hendricks, *State of Indiana, Groom* Harold Arthur Mickley *of* Brownsburg, *County, State of* Indiana, *and, Bride* Barbara Hartlage *of* Hendrick *County, State of* Indiana, *were 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 twelfth *day of* September, 19 64.

Signed Sister B Yeuch

Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 14th *day of* September, 19 64.

Signed Claude Hughes Clerk

Hendrick Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 124, Ind. Acts 1905

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 256

File

Sept 8 1964
Date of Application

MALE
Medical Examination Report Dated Sept 3, 1964
Name of Physician Irving Cohen

FEMALE
Medical Examination Report Dated Sept 3, 1964
Name of Physician Irving Cohen

ALL QUESTIONS MUST BE ANSWERED. Chapter 124, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Fount Middle Thomas Last Brock

Date of Birth: Month August Day 1 Year 1943

Place of Birth (State or foreign country) Pittsboro, Indiana

Residence Address: Street or R. R. R # 1 Box 55 City Plainfield County Hend. State Ind.

Previous Marital Status: Never Married ☑ Number of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race: White ☑ Negro ☐ Other ☐ (specify)

Usual Occupation

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree ☑ Other (Specify) Drivers License

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☑ Yes ☐
   If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☑ Yes ☐
5. Are you related to the bride closer than second cousin? No ☑ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
8. Are you able to support a family? Yes ☑ No ☐
9. Are you likely to so continue? Yes ☑ No ☐
10. Do you have minor children from one or more former marriages? No ☐ Yes ☐
    (If yes, answer questions a, b, c)
    (a) List their full names, ages and addresses

Name	Age	Address

    (b) Are you supporting or contributing to their support? Yes ☐ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father George Brock
    Residence of father (if deceased so state) Cloverdale, Indiana
    Occupation of father Morgan Co. Highway Race of father white
    Birthplace of father (State or foreign country) Kentucky
12. Full maiden name of mother Susan Elizabeth Lavins
    Residence of mother (if deceased so state) Cloverdale, Indiana
    Occupation of mother housewife Race of mother white
    Birthplace of mother (State or foreign country) Kentucky

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Fount T. Brock

New Address

Subscribed and sworn to before me this 8 day of Septemb, 19 64

Claude Hughes Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19....

..... Clerk

FEMALE APPLICANT

Name: First Carolyn Middle Lou Last Burnett

Date of Birth: Month March Day 4 Year 1945

Place of Birth (State or foreign country) Clayton Indiana

Residence Address: Street or R. R. 7777 West Wash. City Dallas County Marion State Ind.

Maiden Name if Different

Previous Marital Status: Never Married ☑ Number of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race: White ☑ Negro ☐ Other ☐ (specify)

Usual Occupation

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree ☑ Other (Specify) Drivers License

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☐ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
7. Full name of father Powers Burnett
   Residence of father (if deceased so state) R # 2, Clayton, Ind.
   Occupation of father farmer Race of father white
   Birthplace of father (State or foreign country) Kentucky
8. Full maiden name of mother Della McKinney
   Residence of mother (if deceased so state) Clayton, Ind.
   Occupation of mother housewife Race of mother white
   Birthplace of mother (State or foreign country) Kentucky

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Carolyn Lou Burnett

New Address

Subscribed and sworn to before me this 8 day of Sept, 19 64

Claude Hughes Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the ..... County ..... Court by written order issued ..... and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the Hendricks Circuit Court of Indiana dated the 12 day of September, 1964, authorizing the joining together as husband and wife Fount Thomas Brock and Carolyn Lou Burnett

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Hartsel Willits hereby certify that on the 12 day of September, one thousand nine hundred and 64 at Hazelwood Baptist Church, County of Hendricks, State of Indiana, Groom Fount Thomas Brock of Morgan County, State of Indiana, and, Bride Carolyn Lou Burnett of Hendricks County, State of Indiana, were by me united 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 Sept., 19 64.

Signed Hartsel Willits

Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 23 day of September, 19 64

Signed Claude Hughes Clerk

Hendricks Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 257
File Book 28
Sept 9-1964
Date of Application

MALE
Medical Examination Report Dated Aug 31- 1964
Name of Physician James Black M.D.

FEMALE
Medical Examination Report Dated Aug 31-1964
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 Joel Middle Timothy Last McWilliams
Date of Birth: Month June Day 25 Year 1943
Place of Birth (State or foreign country): Louisville Kentucky
Residence Address: Street or R. R. RR 18 Box 143 City Indpls County Hendricks State Ind
Previous Marital Status: Never Married ☑ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify).....
Usual Occupation Landscaping
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) Drivers License

1. Are you now or have you been adjudged, diagnosed or considered as: An Imbecile? No ☑ Yes ☐ Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☑ Yes ☐ If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☑ Yes ☐
5. Are you related to the bride closer than second cousin? No ☑ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
8. Are you able to support a family? Yes ☑ No ☐
9. Are you likely to so continue? Yes ☑ No ☐
10. Do you have minor children from one or more former marriages? No ☐ Yes ☐
(If yes, answer questions a, b, c)
(a) List their full names, ages and addresses
Name Age Address
(b) Are you supporting or contributing to their support? Yes ☐ No ☐
(c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father Ralph B McWilliams
Residence of father (if deceased so state) Indpls RR-18
Occupation of father Laborer Race of father W
Birthplace of father (State or foreign country) Ohio
12. Full maiden name of mother Golden E Pence
Residence of mother (if deceased so state) Indpls RR-18
Occupation of mother Housewife Race of mother W
Birthplace of mother (State or foreign country) Kentucky

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.
Signed Joel Timothy McWilliams
New Address
Subscribed and sworn to before me this 9 day of Sept, 19 64
Claude Hughes Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:
Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day of....., 19.....
.....Clerk

FEMALE APPLICANT

Name: First Pamela Middle Jean Last Feasel
Date of Birth: Month July Day 8 Year 1946
Place of Birth (State or foreign country): Indianapolis Marion Co Ind.
Residence Address: Street or R. R. 537 Alpha City Brownsburg County Hendricks State Ind.
Maiden Name if Different
Previous Marital Status: Never Married ☑ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify).....
Usual Occupation unemployed
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) Drivers License

1. Are you now or have you been adjudged, diagnosed or considered as: An Imbecile? No ☑ Yes ☐ Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
7. Full name of father Wallace J Feasel
Residence of father (if deceased so state) 537 Alpha Brownsburg
Occupation of father Laborer Race of father W
Birthplace of father (State or foreign country) Huntington W Va.
8. Full maiden name of mother Jean Marie Bybrook
Residence of mother (if deceased so state) 537 alpha - Brownsburg
Occupation of mother Housewife Race of mother W
Birthplace of mother (State or foreign country) Louisville Kentucky

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.
Signed Pamela Jean Feasel
New Address
Subscribed and sworn to before me this 9 day of Sept, 19 64
Claude Hughes Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:
Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day 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 September 9 and filed in Superior Court authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the Hendricks *Circuit Court of Indiana dated the* 9 *day of* September, 19 64, *authorizing the joining together as husband and wife* Joel Timothy McWilliams *and* Pamela Jean Feasel.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Bill W. Lewis *hereby certify that on the* 11th *day of* September, *one thousand nine hundred and* sixty-four *at* Clermont, *County of* Marion, *State of Indiana, Groom* Joel Timothy McWilliams *of* Hendricks *County, State of* Indiana *and, Bride* Pamela Jean Feasel *of* Hendricks *County, State of* Indiana, *were by me united 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* September, 19 64.

Signed Bill W. Lewis
Official Designation Ordained Elder - Church of the Nazarene

Filed and recorded in accordance with the laws of the State of Indiana this 14th *day of* September, 19 64.
Signed Claude Hughes Clerk
Hendricks Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 258

File

Sept 7, 196 Date of Application

MALE
Medical Examination Report Dated Sept 8, 1964
Name of Physician Carl L. Heinlein, M.D.

FEMALE
Medical Examination Report Dated Sept 8, 1964
Name of Physician Carl L. Heinlein, M.D.

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Robert Middle Michael Last Hollars

Date of Birth: Month December Day 13 Year 1946

Place of Birth (State or foreign country) Indianapolis, Indiana

Residence Address: Street or R. R. RR #2 Box 190, City Danville County Hend. State Ind.

Previous Marital Status: Never Married ☑ Number of Previous Marriages.....

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race: White ☑ Negro ☐ Other ☐ (specify).....

Usual Occupation Student - D. U.

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree ☑ Other (Specify) Driver's license

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☑ Yes ☐
   If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☑ Yes ☐
5. Are you related to the bride closer than second cousin? No ☑ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
8. Are you able to support a family? Yes ☑ No ☐
9. Are you likely to so continue? Yes ☑ No ☐
10. Do you have minor children from one or more former marriages? No ☐ Yes ☐
    (If yes, answer questions a, b, c)
    (a) List their full names, ages and addresses
    Name Age Address
    (b) Are you supporting or contributing to their support? Yes ☐ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father Robert Lloyd Hollars
    Residence of father (if deceased so state) Danville, Ind.
    Occupation of father Mechanic Race of father White
    Birthplace of father (State or foreign country) Springville, Ind.
12. Full maiden name of mother Eva Jean Roberson
    Residence of mother (if deceased so state) Danville, Ind.
    Occupation of mother R.N. Race of mother White
    Birthplace of mother (State or foreign country) ~~Illinois~~ Illinois

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Robert Michael Hollars

New Address.....

Subscribed and sworn to before me this 9 day of September, 19 64.

Claude Hughes Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed Robert Lloyd Hollars Father

Signed Eva L. Hollars Mother

Subscribed and sworn to before me this 9 day of September, 19 64.

Claude Hughes Clerk

FEMALE APPLICANT

Name: First Pamela Middle Ann Last Hicks

Date of Birth: Month August Day 25 Year 1946

Place of Birth (State or foreign country) Indianapolis, Ind.

Residence Address: Street or R. R. RR #2, Box 57 City Danville County Hend. State Ind.

Maiden Name if Different

Previous Marital Status: Never Married ☑ Number of Previous Marriages.....

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race: White ☑ Negro ☐ Other ☐ (specify).....

Usual Occupation Student - D. U.

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree ☐ Other (Specify) Driver's license

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
7. Full name of father Carl Hicks
   Residence of father (if deceased so state) Danville, Indiana
   Occupation of father Insurance Race of father White
   Birthplace of father (State or foreign country) Indiana
8. Full maiden name of mother Madonna Mae Pefley
   Residence of mother (if deceased so state) Danville, Indiana
   Occupation of mother housewife Race of mother White
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Pamela Ann Hicks

New Address.....

Subscribed and sworn to before me this 9 day of September, 19 64.

Claude Hughes Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day 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 Sept 10, 1964 and filed in Clerk's Office authorizes and directs the issuance of a marriage license to the above named parties. 3 days + age waived

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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* September, 19 64, *authorizing the joining together as husband and wife* Robert Michael Hollars *and* Pamela Ann Hicks

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Rev. Virgil Bough *hereby certify that on the* 11th *day of* September, *one thousand nine hundred and* 64 *at* Bloomington, *County of* Monroe, *State of Indiana, Groom* Robert Michael Hollars *of* Hendricks *County, State of* Indiana *and, Bride* Pamela Ann Hicks *of* Hendricks *County, State of* Indiana, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* Hendricks *County.*

Dated this 11th *day of* September, 19 64.

Signed Rev. Virgil Bough

Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 15th *day of* September, 19 64.

Signed Claude Hughes *Clerk*

Hendricks *Circuit Court*

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 259
File Book 28
September 10-1964
Date of Application

MALE
Medical Examination Report Dated Sept 8-1964
Name of Physician A. N. Scudder MD

FEMALE
Medical Examination Report Dated Sept 8-1964
Name of Physician A. N. Scudder M.D.

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Richard Middle William Last Quackenbush
Date of Birth: Month December Day 5 Year 1944
Place of Birth (State or foreign country) Indianapolis Marion Co Indiana
Residence Address: Street or R. R. Brownsburg RR 1 City Hendricks County Indiana State
Previous Marital Status: Never Married ☑ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify).....
Usual Occupation Student
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify).....

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☑ Yes ☐
   If answer to 3 is "yes" has the cause of such condition been removed? No ☑ Yes ☐
4. Are you afflicted with a transmissible disease? No ☑ Yes ☐
5. Are you related to the bride closer than second cousin? No ☑ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
   Are you able to support a family? Yes ☑ No ☐
   Are you likely to so continue? Yes ☑ No ☐
   Do you have minor children from one or more former marriages? No ☐ Yes ☐
   (If yes, answer questions a, b, c)
   a) List their full names, ages and addresses

Name	Age	Address

   b) Are you supporting or contributing to their support? Yes ☐ No ☐
   c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐

Full name of father William D. Quackenbush
Residence of father (if deceased so state) deceased
Occupation of father..... Race of father W
Birthplace of father (State or foreign country) Indianapolis Ind
Full maiden name of mother Helen Louise Johnson
Residence of mother (if deceased so state) Brownsburg RR-1
Occupation of mother Gmac Race of mother W
Birthplace of mother (State or foreign country) Indianapolis Ind

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Richard William Quackenbush
New Address.....

Subscribed and sworn to before me this 10 day of September, 1964
Claude Hughes Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed Mrs. Leonard E. Quackenbush Father
Signed Mrs. Leonard E. Quackenbush Mother
Subscribed and sworn to before me this 10 day of September, 1964
Claude Hughes Clerk

FEMALE APPLICANT

Name: First Sarah Middle Elizabeth Last Hallett
Date of Birth: Month September Day 9 Year 1948.
Place of Birth (State or foreign country) Lebanon Boone Co Indiana
Residence Address: Street or R. R. 412 School St. City Brownsburg County Hendricks State Ind.
Maiden Name if Different
Previous Marital Status: Never Married ☑ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify).....
Usual Occupation Student
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify).....

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
7. Full name of father Fred S. Hallett
   Residence of father (if deceased so state) 412 School St. Brownsburg
   Occupation of father Engineer Race of father W
   Birthplace of father (State or foreign country) Indianapolis Ind.
8. Full maiden name of mother Edith Anne Pollard
   Residence of mother (if deceased so state) 412 School St Brownsburg
   Occupation of mother Homemaker Race of mother W
   Birthplace of mother (State or foreign country) Indianapolis Ind.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Sarah Elizabeth Hallett
New Address.....

Subscribed and sworn to before me this 10 day of September, 1964
Claude Hughes Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed Fred S. Hallett Father
Signed Mrs. Edith A. Hallett Mother
Subscribed and sworn to before me this 10 day of September, 1964
Claude Hughes Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the ..... County ..... Court by written order issued ..... and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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 Sept, 1964, authorizing the joining together as husband and wife Richard William Quackenbush and Sarah Elizabeth Hallett

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Rev. L. L. Knopfmeier hereby certify that on the 14 day of September, one thousand nine hundred and 64 at Brownsburg, County of Hendricks, State of Indiana, Groom Richard William Quackenbush of Hendricks County, State of Indiana, and, Bride Sarah Elizabeth Hallett of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of Hendricks County.

Dated this 14 day of September, 1964.

Signed Rev. L. L. Knopfmeier
Official Designation Methodist Minister

Filed and recorded in accordance with the laws of the State of Indiana this 22 day of September, 1964.

Signed Claude Hughes Clerk
Hendricks Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 260

File

Sept 11th 1964
Date of Application

MALE
Medical Examination Report Dated Sept 8, 1964
Name of Physician Lloyd S. Terry, M.D.

FEMALE
Medical Examination Report Dated Sept 8, 1964
Name of Physician Lloyd S. Terry, 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 Denny, Middle Eugene, Last Osborne
Date of Birth: Month Sept, Day 28, Year 1946
Place of Birth (State or foreign country) Indpls., Ind.
Residence Address: Street or R. R. RR #1 Box 123, City Pittsboro, County Hend, State Ind.
Previous Marital Status: Never Married ☑ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify).....
Usual Occupation Labor
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify).....

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☑ Yes ☐
   If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☑ Yes ☐
5. Are you related to the bride closer than second cousin? No ☑ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
8. Are you able to support a family? Yes ☑ No ☐
9. Are you likely to so continue? Yes ☑ No ☐
10. Do you have minor children from one or more former marriages? No ☐ Yes ☐
    (If yes, answer questions a, b, c)
    (a) List their full names, ages and addresses

    Name Age Address

    (b) Are you supporting or contributing to their support? Yes ☐ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father Enock Osborne
    Residence of father (if deceased so state) Pittsboro, Ind.
    Occupation of father Mason Race of father White
    Birthplace of father (State or foreign country) Plantown, Ind.
12. Full maiden name of mother Wanda Isabel Brown
    Residence of mother (if deceased so state) Pittsboro, Ind.
    Occupation of mother Nurse's Aid Race of mother White
    Birthplace of mother (State or foreign country) Union City, Ohio

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Denny Osborne
New Address.....

Subscribed and sworn to before me this 11 day of Sept, 19 64
Claude Hughes Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:
Signed Nick Osborne Father
Signed Wanda Osborne Mother
Subscribed and sworn to before me this 11 day of Sept., 19 64
Claude Hughes Clerk

FEMALE APPLICANT

Name: First Mary, Middle Lou, Last Davis
Date of Birth: Month December, Day 21, Year 1948
Place of Birth (State or foreign country) Boone Co. Indiana
Residence Address: Street or R. R. 110 Green Acres Drive, City Brownsburg, County Hend, State Ind.
Maiden Name if Different
Previous Marital Status: Never Married ☑ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify).....
Usual Occupation None
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify).....

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
7. Full name of father Harold E. Davis
   Residence of father (if deceased so state) Brownsburg, Ind.
   Occupation of father Pipe fitter Race of father White
   Birthplace of father (State or foreign country) Indiana
8. Full maiden name of mother Helen J. Pedigo
   Residence of mother (if deceased so state) Brownsburg, Ind.
   Occupation of mother Housewife Race of mother White
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Mary Lou Davis
New Address.....

Subscribed and sworn to before me this 11 day of Sept, 19 64
Claude Hughes Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:
Signed Harold E. Davis Father
Signed Helen Jean Davis Mother
Subscribed and sworn to before me this 11 day of Sept, 19 64
Claude Hughes 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 9-11-64 and filed in Clerk's Office authorizes and directs the issuance of a marriage license to the above named parties. age 43 days waived

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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* September, 19 64, *authorizing the joining together as husband and wife* Denny Eugene Osborne *and* Mary Lou Davis

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Edgar Byrum *hereby certify that on the* 13th *day of* September, *one thousand nine hundred and* sixty-four *at* North Salem, *County of* Hendricks, *State of Indiana, Groom* Denny Eugene Osborne *of* Hendricks *County, State of* Indiana *and, Bride* Mary Lou 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* ..... *County.*

Dated this 13th *day of* Sept., 19 64.

Signed Edgar Byrum
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 15th *day of* Sept., 19 64.

Signed Claude Hughes *Clerk*
Hendricks *Circuit Court*

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 261

File

Sept. 11 1964
Date of Application

MALE
Medical Examination Report Dated Sept 9, 1964
Name of Physician James W. Young

FEMALE
Medical Examination Report Dated Sept 4, 1964
Name of Physician Constantine H. Pocus, 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 Ralph Middle Harold Last Pace

Date of Birth: Month May Day 26 Year 1921

Place of Birth (State or foreign country) Shelbyville, Indiana

Residence Address: Street or R. R. RR #2 City Morgansville County Hendricks State Ind.

Previous Marital Status: Never Married ☐ Number of Previous Marriages 4

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

Color or Race: White ☑ Negro ☐ Other ☐ (specify)

Usual Occupation Service Manager

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☑ Other (Specify)

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☐ Yes ☐
   If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☑ Yes ☐
5. Are you related to the bride closer than second cousin? No ☑ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
8. Are you able to support a family? Yes ☑ No ☐
9. Are you likely to so continue? Yes ☑ No ☐
10. Do you have minor children from one or more former marriages? No ☐ Yes ☐
    (If yes, answer questions a, b, c)
    (a) List their full names, ages and addresses

Name	Age	Address
Jackie Lee Pace	14	Elwood, Ind.
Sheryl Lynette Pace	16	Elwood, Ind.

    (b) Are you supporting or contributing to their support? Yes ☑ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☑ No ☐
11. Full name of father Charles Pace
    Residence of father (if deceased so state) deceased
    Occupation of father Race of father White
    Birthplace of father (State or foreign country) Bedford, Indiana
12. Full maiden name of mother Mamie Pearl Borders
    Residence of mother (if deceased so state) Lafayette, Ind.
    Occupation of mother housewife Race of mother white
    Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Ralph H Pace

New Address

Subscribed and sworn to before me this 11 day of Sept, 1964.

Claude Hughes Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed Father

Signed Mother

Subscribed and sworn to before me this day of , 19

Clerk

FEMALE APPLICANT

Name: First Edith Middle Marie Last Jones

Date of Birth: Month September Day 21 Year 1939

Place of Birth (State or foreign country) Whitley County, Indiana

Residence Address: Street or R. R. 627 S. Marion City Bluffton County Wells State Ind.

Maiden Name if Different Edith Marie Davis

Previous Marital Status: Never Married ☐ Number of Previous Marriages 1

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

Color or Race: White ☑ Negro ☐ Other ☐ (specify)

Usual Occupation

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☐ Other (Specify)

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
7. Full name of father Robert Sylvester Davis
   Residence of father (if deceased so state) Bluffton Ind.
   Occupation of father T. E. Race of father White
   Birthplace of father (State or foreign country) Cherubusco, Ind.
8. Full maiden name of mother Ina Helen Fudge
   Residence of mother (if deceased so state) Bluffton, Ind.
   Occupation of mother Davis Nursing Home Race of mother White
   Birthplace of mother (State or foreign country) Liberty, Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Edith Jones

New Address

Subscribed and sworn to before me this 11 day of Sept, 1964.

Claude Hughes Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed Father

Signed Mother

Subscribed and sworn to before me this day of , 19

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the County Court by written order issued and filed in authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the Hendricks Circuit Court of Indiana dated the 15 day of September, 1964, authorizing the joining together as husband and wife Ralph Harold Pace and Edith Marie Jones

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Rev. Rolland W. Jackson hereby certify that on the 16 day of September, one thousand nine hundred and 64, at Bluffton, County of Wells, State of Indiana, Groom Ralph Harold Pace of Hendricks County, State of Ind., and, Bride Edith Marie Jones of Wells County, State of Ind., were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of Hendricks County.

Dated this 16 day of Sept., 1964

Signed Rev. Rolland W. Jackson

Official Designation

Filed and recorded in accordance with the laws of the State of Indiana this 24 day of September, 1964.

Signed Claude Hughes Clerk

Hendricks Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 262

File

Sept 12-1964
Date of Application

MALE
Medical Examination Report Dated Sept 8-1964
Name of Physician David B Haggard

FEMALE
Medical Examination Report Dated Sept 8-1964
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 Joseph Last Copeland

Date of Birth: Month June Day 2 Year 1942

Place of Birth (State or foreign country) Indianapolis Ind

Residence Address: Street or R. R. 432 avon ave City Plainfield County State Ind

Previous Marital Status: Never Married ☒ Number of Previous Marriages.....

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race: White ☒ Negro ☐ Other ☐ (specify).....

Usual Occupation Patrolman Plainfield Police

Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree

☐ Other (Specify).....

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☒ Yes ☐
   Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
   If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☒ Yes ☐
5. Are you related to the bride closer than second cousin? No ☒ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
8. Are you able to support a family? Yes ☒ No ☐
9. Are you likely to so continue? Yes ☒ No ☐
10. Do you have minor children from one or more former marriages? No ☐ Yes ☐
    (If yes, answer questions a, b, c)
    (a) List their full names, ages and addresses

Name	Age	Address

    (b) Are you supporting or contributing to their support? Yes ☐ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father Russell Bly Copeland
    Residence of father (if deceased so state) Plainfield
    Occupation of father Fireman 2nd Boys Sch Race of father W
    Birthplace of father (State or foreign country) Indiana
12. Full maiden name of mother Mary Esther Pike
    Residence of mother (if deceased so state) Plainfield
    Occupation of mother Secretary High Sch Race of mother W
    Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed John Joseph Copeland

New Address.....

Subscribed and sworn to before me this 12 day of Sept, 1964

Claude Hughes Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

FEMALE APPLICANT

Name: First Janice Middle Rae Last Hallatt

Date of Birth: Month Dec Day 18 Year 1945

Place of Birth (State or foreign country) Terre Haute Ind.

Residence Address: Street or R. R. 338 avon ave City Plainfield County Ind. State

Maiden Name if Different

Previous Marital Status: Never Married ☒ Number of Previous Marriages.....

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race: White ☒ Negro ☐ Other ☐ (specify).....

Usual Occupation Typist 2nd Boys school

Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree

☐ Other (Specify).....

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☒ Yes ☐
   Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you afflicted with a transmissible disease? No ☒ Yes ☐
4. Are you related to the groom closer than second cousin? No ☒ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
7. Full name of father Jack Leslie Hallatt
   Residence of father (if deceased so state) Plainfield
   Occupation of father Public Service Race of father W
   Birthplace of father (State or foreign country) Indiana
8. Full maiden name of mother Mabel Pauline Cloe
   Residence of mother (if deceased so state) Plainfield
   Occupation of mother Housewife Race of mother W
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Janice Hallatt

New Address.....

Subscribed and sworn to before me this 12 day of Sept, 1964

Claude Hughes Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the .....County.....Court by written order issued.....and filed in.....authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* Hendricks *Circuit Court of Indiana dated the* 17 *day of* September, 19 64, *authorizing the joining together as husband and wife* John Joseph Copeland *and* Janice Rae Hallatt

Be it further remembered, the following marriage certificate was filed in my office, to wit:

I, Corley Bowman *hereby certify that on the* 19 *day of* September, *one thousand nine hundred and* 64 *at* Plainfield, *County of* Hendricks, *State of Indiana, Groom* John Joseph Copeland *of* Hendricks *County, State of* Indiana *and, Bride* Janice Rae Hallatt *of* Hendricks *County, State of* Indiana, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* Hendricks *County.*

Dated this 23 *day of* September, 19 64.

Signed Corley Bowman

Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 26 *day of* September, 19 64

Signed Claude Hughes Clerk

Hendricks Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 263
File Book 28
Sept 12-1964
Date of Application

MALE
Medical Examination Report Dated Sept 4-1964
Name of Physician Dr M. O. Scamahorn M.D.

FEMALE
Medical Examination Report Dated September 4-1964
Name of Physician Dr M O. Scamahorn M.D.

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Donald Middle J (Corby) Last Page
Date of Birth: Month May Day 20 Year 1941
Place of Birth (State or foreign country) Hendricks County Ind.
Residence Address: Street or R. R. North Salem R.R. City Hendricks County Ind. State
Previous Marital Status: Never Married ☑ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify).....
Usual Occupation IBM Equipment.
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) Selective Service Card

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☑ Yes ☐
   If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☑ Yes ☐
5. Are you related to the bride closer than second cousin? No ☑ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
8. Are you able to support a family? Yes ☑ No ☐
9. Are you likely to so continue? Yes ☑ No ☐
10. Do you have minor children from one or more former marriages? No ☐ Yes ☐
    (If yes, answer questions a, b, c)
    (a) List their full names, ages and addresses

Name	Age	Address

    (b) Are you supporting or contributing to their support? Yes ☐ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father Oscar Page
    Residence of father (if deceased so state) North Salem Ind
    Occupation of father Laborer Race of father W
    Birthplace of father (State or foreign country) North Salem Ind
12. Full maiden name of mother Velen Marcella Rahn
    Residence of mother (if deceased so state) North Salem Ind
    Occupation of mother housewife Race of mother W
    Birthplace of mother (State or foreign country) Tuscola Illinois

State of Indiana,
County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Donald J. Page
New Address.....
Subscribed and sworn to before me this 12 day of September, 1964
Claude Hughes Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana,
County of HENDRICKS } ss:

Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day of....., 19.....
.....Clerk

FEMALE APPLICANT

Name: First Candice Middle Jean Last Dale
Date of Birth: Month February Day 1 Year 1947
Place of Birth (State or foreign country) Jamestown Boone Co Indiana
Residence Address: Street or R. R. Jamestown City Boone Co County Indiana State
Maiden Name if Different
Previous Marital Status: Never Married ☑ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify).....
Usual Occupation Student
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) Drivers License

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
7. Full name of father George L Dale
   Residence of father (if deceased so state) Jamestown Ind
   Occupation of father Laborer Race of father W
   Birthplace of father (State or foreign country) Jamestown Ind
8. Full maiden name of mother Elsie Lucille Brennan
   Residence of mother (if deceased so state) Jamestown Ind
   Occupation of mother Factory Race of mother W
   Birthplace of mother (State or foreign country) Indianapolis Ind

State of Indiana,
County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Candice Jean Dale
New Address.....
Subscribed and sworn to before me this 12 day of September, 1964
Claude Hughes Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana,
County of HENDRICKS } ss:

Signed George L. Dale Father
Signed Elsie Lucille Dale Mother
Subscribed and sworn to before me this 12 day of September, 1964
Claude Hughes Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the .....County.....Court by written order issued.....and filed in.....authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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 September, 1967, authorizing the joining together as husband and wife Donald J. Page and Candice Jean Dale
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Jack F. Van Arsdall hereby certify that on the 18th day of September one thousand nine hundred and 64 at Jamestown, County of Boone, State of Indiana, Groom Donald J Page of Hendricks County, State of Indiana, and, Bride Candice Jean Dale of Boone County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of Hendricks County.
Dated this 18th day of September, 1964.

Signed Jack F. Van Arsdall
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this.....day of....., 19.....
Signed.....Clerk
.....Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 264

File Sept 12-1964
Date of Application

MALE
Medical Examination Report Dated 9-9-64
Name of Physician James Black

FEMALE
Medical Examination Report Dated 9-9-64
Name of Physician James Black

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Thomas Middle P Last Pearman

Date of Birth: Month 11 Day 26 Year 41

Place of Birth (State or foreign country): Clinton Ind

Residence Address: Box 535 Street or R. R. North Salem City County State Ind.

Previous Marital Status: Never Married ☒ Number of Previous Marriages.....

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race: White ☒ Negro ☐ Other ☐ (specify).....

Usual Occupation: Road Construction

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) Drivers License

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☒ Yes ☐
   Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
   If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☒ Yes ☐
5. Are you related to the bride closer than second cousin? No ☒ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
8. Are you able to support a family? Yes ☒ No ☐
9. Are you likely to so continue? Yes ☒ No ☐
10. Do you have minor children from one or more former marriages? No ☐ Yes ☐
    (If yes, answer questions a, b, c)
    (a) List their full names, ages and addresses

    Name Age Address

    (b) Are you supporting or contributing to their support? Yes ☐ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father Frank Pearman
    Residence of father (if deceased so state) North Salem
    Occupation of father International Harvester Race of father W
    Birthplace of father (State or foreign country) Indiana
12. Full maiden name of mother Dorothy Lorene Douglas
    Residence of mother (if deceased so state) North Salem
    Occupation of mother Housewife Race of mother W
    Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Thomas P. Pearman

New Address.....

Subscribed and sworn to before me this 12 day of Sept., 1964

Claude Hughes Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

FEMALE APPLICANT

Name: First Pamala Middle Last Braman

Date of Birth: Month Jan Day 29 Year 48

Place of Birth (State or foreign country) Indianapolis Ind.

Residence Address: R#1 Street or R. R. North Salem City County State Ind.

Maiden Name if Different

Previous Marital Status: Never Married ☒ Number of Previous Marriages.....

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race: White ☒ Negro ☐ Other ☐ (specify).....

Usual Occupation none

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) Beginners Permit

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☒ Yes ☐
   Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you afflicted with a transmissible disease? No ☒ Yes ☐
4. Are you related to the groom closer than second cousin? No ☒ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
7. Full name of father Sidney Lee Braman
   Residence of father (if deceased so state) Deceased
   Occupation of father — Race of father W
   Birthplace of father (State or foreign country) Kentucky
8. Full maiden name of mother Nina Beryl Taylor
   Residence of mother (if deceased so state) North Salem
   Occupation of mother Housewife Race of mother W
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Pamala Braman

New Address.....

Subscribed and sworn to before me this 12 day of Sept., 1964

Claude Hughes Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of 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 Deceased

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed Nina Braman Mother

Subscribed and sworn to before me this 12 day of Sept., 1964

Claude Hughes Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the .....County.....Court by written order issued.....and filed in.....authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* Hendricks *Circuit Court of Indiana dated the* 16 *day of* Sept., 1964, *authorizing the joining together as husband and wife* Thomas P. Pearman *and* Pamala Braman

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Dwight L. Gamble *hereby certify that on the* 18th *day of* September, *one thousand nine hundred and* 64 *at* North Salem, *County of* Hendricks, *State of Indiana, Groom* Thomas P. Pearman *of* Hendricks *County, State of* Indiana, *and, Bride* Pamala Braman *of* Hendricks *County, State of* Indiana, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* Hendricks *County.*

Dated this 18th *day of* September, 1964.

Signed Dwight L. Gamble

Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this.....day of....., 19.....

Signed.....*Clerk*

.....*Circuit Court*

No. 265

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

File Sept 14, 1964
Date of Application

MALE
Medical Examination Report Dated Sept 12, 1964
Name of Physician Don E. Kelly, M.D.

FEMALE
Medical Examination Report Dated Sept 12, 1964
Name of Physician Don E. Kelly, 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 Carl Middle Walker Last Wall
Date of Birth: Month May Day 31 Year 1943
Place of Birth (State or foreign country) Lake Charles, La.
Residence Address: Street or R. R. R #8 Box 415 City Indlps County Hendricks State Ind.
Previous Marital Status: Never Married ☑ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify).....
Usual Occupation Construction Worker
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree ☑ Other (Specify) Driver's License

1. Are you now or have you been adjudged, diagnosed or considered as: An Imbecile? No ☑ Yes ☐ Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☑ Yes ☐ If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☑ Yes ☐
5. Are you related to the bride closer than second cousin? No ☑ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
8. Are you able to support a family? Yes ☑ No ☐
9. Are you likely to so continue? Yes ☑ No ☐
10. Do you have minor children from one or more former marriages? No ☐ Yes ☐
(If yes, answer questions a, b, c)
(a) List their full names, ages and addresses
Name Age Address
.....
.....
.....
(b) Are you supporting or contributing to their support? Yes ☐ No ☐
(c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father Warren Charles Wall, Sr.
Residence of father (if deceased so state) R#8, Indlps, Ind.
Occupation of father Field Supervisor Race of father white
Birthplace of father (State or foreign country) Kellyville, Oklahoma
12. Full maiden name of mother Loretta Inez Brown
Residence of mother (if deceased so state) R#8 Indlps, Ind.
Occupation of mother housewife Race of mother white
Birthplace of mother (State or foreign country) Henrietta, Oklahoma

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.
Signed Carl Walker Wall
New Address.....
Subscribed and sworn to before me this 14 day of Sept, 19 64
Claude Hughes Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....
.....
.....
State of Indiana, County of HENDRICKS } ss:
Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day of....., 19.....
.....Clerk

FEMALE APPLICANT

Name: First Carol Middle Lee Last Bowlin
Date of Birth: Month November Day 8 Year 1945
Place of Birth (State or foreign country) Evanston, Illinois
Residence Address: Street or R. R. 900 Hills Street City Aurora County Illinois State Illinois
Maiden Name if Different Carol Lee Bowlin - got back when divorced
Previous Marital Status: Never Married ☐ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify).....
Usual Occupation None
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree ☑ Other (Specify) Driver's License

1. Are you now or have you been adjudged, diagnosed or considered as: An Imbecile? No ☑ Yes ☐ Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
7. Full name of father Jack Bowlin
Residence of father (if deceased so state) Chicago, Ill.
Occupation of father unknown Race of father White
Birthplace of father (State or foreign country) Illinois
8. Full maiden name of mother June Campriese McDonald
Residence of mother (if deceased so state) Aurora, Illinois
Occupation of mother housewife Race of mother White
Birthplace of mother (State or foreign country) Paragould, Ark.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.
Signed Carol Lee Bowlin
New Address.....
Subscribed and sworn to before me this 14 day of Sept, 19 64
Claude Hughes Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....
.....
.....
.....
State of Indiana, County of HENDRICKS } ss:
Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day of....., 19.....
.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the.....County.....Court by written order issued.....and filed in.....authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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 September, 1964, authorizing the joining together as husband and wife Carl Walker Wall and Carol Lee Bowlin

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, William L Tressler hereby certify that on the 19th day of September, one thousand nine hundred and 64 at Avon, County of Hendricks, State of Indiana, Groom Carl Walker Wall of Hendricks County, State of Indiana, and, Bride Carol Lee Bowlin of Kane County, State of Illinois, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of Hendricks County.

Dated this 19th day of September, 19 64.

Signed William L Tressler
Official Designation Methodist Clergyman

Filed and recorded in accordance with the laws of the State of Indiana this 13 day of October, 1964.

Signed Claude Hughes Clerk
Hendricks Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 266

File

Sept 14, 1964
Date of Application

MALE
Medical Examination Report Dated Sept 2, 1964
Name of Physician Irving Cohen, M.D.

FEMALE
Medical Examination Report Dated Sept 2, 1964
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 Gary, Middle Clay, Last Hurin

Date of Birth: Month Sept, Day 13, Year 1943

Place of Birth (State or foreign country) Dallas, Ind.

Residence Address: 238 Elm St. Plainfield Hend. Ind.
Street or R. R. City County State

Previous Marital Status: Never Married ☑ Number of Previous Marriages.....

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race: White ☑ Negro ☐ Other ☐ (specify).....

Usual Occupation Shell Oil Station, Bridgeport

Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree

☐ Other (Specify).....

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☑ Yes ☐
   If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☑ Yes ☐
5. Are you related to the bride closer than second cousin? No ☑ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
8. Are you able to support a family? Yes ☑ No ☐
9. Are you likely to so continue? Yes ☑ No ☐
10. Do you have minor children from one or more former marriages? No ☐ Yes ☐
    (If yes, answer questions a, b, c)
    (a) List their full names, ages and addresses

    Name Age Address

    (b) Are you supporting or contributing to their support? Yes ☐ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father Harvey Clay Hurin
    Residence of father (if deceased so state) Dallas, Indiana
    Occupation of father Factory Race of father White
    Birthplace of father (State or foreign country) Dallas, Ind.
12. Full maiden name of mother Mary Alice Caldwell
    Residence of mother (if deceased so state) Plainfield, Ind.
    Occupation of mother Factory Race of mother White
    Birthplace of mother (State or foreign country) Martinsville, Ind.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Gary Hurin

New Address.....

Subscribed and sworn to before me this 14 day of Sept, 19 64
Claude Hughes Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

FEMALE APPLICANT

Name: First Patricia, Middle Ann, Last Smith

Date of Birth: Month Jan, Day 13, Year 1947

Place of Birth (State or foreign country) Hendricks Co. Plainfield Ind.

Residence Address: 426 W. Lewis Plainfield Hend Ind
Street or R. R. City County State

Maiden Name if Different

Previous Marital Status: Never Married ☑ Number of Previous Marriages.....

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race: White ☑ Negro ☐ Other ☐ (specify).....

Usual Occupation None

Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree

☐ Other (Specify).....

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
7. Full name of father Sylvester Smith
   Residence of father (if deceased so state) Plainfield, Ind.
   Occupation of father Plainfield Race of father White
   Birthplace of father (State or foreign country) North Vernon, Ind.
8. Full maiden name of mother Mary Gertrude Hayden
   Residence of mother (if deceased so state) Plainfield, Ind.
   Occupation of mother Housewife Race of mother White
   Birthplace of mother (State or foreign country) Plainfield, Ind.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Patricia A. Smith

New Address.....

Subscribed and sworn to before me this 14 day of Sept, 19 64
Claude Hughes Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed Sylvester Smith Father

Signed Mary Gertrude Smith Mother

Subscribed and sworn to before me this 14 day of Sept, 19 64
Claude Hughes Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the .....County.....Court by written order issued.....and filed in.....authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* Hendricks *Circuit Court of Indiana dated the* 19 *day of* Sept., 19 64, *authorizing the joining together as husband and wife* Gary Clay Hurin *and* Patricia Ann Smith

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Rev. Thomas E. Berry *hereby certify that on the* 20th *day of* September, *one thousand nine hundred and* 64 *at* Avon, *County of* Hendricks, *State of Indiana, Groom* Gary Clay Hurin *of* Hendricks *County, State of* Ind., *and, Bride* Patricia Ann Smith *of* Hendricks *County, State of* Ind., *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* Hendricks *County.*

Dated this 20 *day of* September, 19 64.

Signed Rev. Thomas E. Berry

Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 24 *day of* September, 19 64.

Signed Claude Hughes Clerk

Hendricks Circuit Court

No. 267

File

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA
APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

Sept 15, 1964
Date of Application

MALE
Medical Examination Report Dated Sept 11, 1964
Name of Physician Walter B. Tinsley, Jr.

FEMALE
Medical Examination Report Dated Sept 11, 1964
Name of Physician Walter B. Tinsley, Jr.

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Leonard Middle Witt, Jr. Last

Date of Birth: Month March Day 22 Year 1937

Place of Birth (State or foreign country) London Ky.

Residence Address: Street or R. R. 1902 Georgetown Rd. City Indpls County Hend. State Ind.

Previous Marital Status: Never Married ☐ Number of Previous Marriages 1

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

Color or Race: White ☑ Negro ☐ Other ☐ (specify)

Usual Occupation Maintenace

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☑ Other (Specify) Driver's license

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☑ Yes ☐
   If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☑ Yes ☐
5. Are you related to the bride closer than second cousin? No ☑ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
8. Are you able to support a family? Yes ☑ No ☐
9. Are you likely to so continue? Yes ☑ No ☐
10. Do you have minor children from one or more former marriages? No ☑ Yes ☐
    (If yes, answer questions a, b, c)
    (a) List their full names, ages and addresses

    Name Age Address

    (b) Are you supporting or contributing to their support? Yes ☐ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father Leonard Witt, Sr.
    Residence of father (if deceased so state) deceased
    Occupation of father Race of father White
    Birthplace of father (State or foreign country) Kentucky
12. Full maiden name of mother Nannie Elizabeth Dueron
    Residence of mother (if deceased so state) deceased
    Occupation of mother Race of mother White
    Birthplace of mother (State or foreign country) Kentucky

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Leonard Witt Jr.

New Address

Subscribed and sworn to before me this 15 day of Sept, 19 64.

Claude Hughes Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

FEMALE APPLICANT

Name: First Carolyn Middle Sue Last Messer

Date of Birth: Month November Day 29 Year 1943

Place of Birth (State or foreign country) Indpls Ind.

Residence Address: Street or R. R. 506 S. Center St City Plainfield County Hend. State Ind.

Maiden Name if Different

Previous Marital Status: Never Married ☐ Number of Previous Marriages 1

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

Color or Race: White ☑ Negro ☐ Other ☐ (specify)

Usual Occupation Housewife

Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify)

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
7. Full name of father Samuel H. Messer
   Residence of father (if deceased so state) Indpls Ind.
   Occupation of father Construction Race of father White
   Birthplace of father (State or foreign country) Kentucky
8. Full maiden name of mother Irene Jenette Bookover
   Residence of mother (if deceased so state) Georgetown Rd. Indpls
   Occupation of mother Housewife Race of mother White
   Birthplace of mother (State or foreign country) Logansport, Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Carolyn Sue Messer

New Address

Subscribed and sworn to before me this 15 day of Sept, 19 64

Claude Hughes Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the ..... County ..... Court by written order issued ..... and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* Hendricks *Circuit Court of Indiana dated the* 19 *day of* Sept. *, 19* 64*, authorizing the joining together as husband and wife* Leonard Witt Jr. *and* Carolyn Sue Messer

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Charles R. Ellenwood *hereby certify that on the* 19 *day of* September *, one thousand nine hundred and* 64 *at* Indianapolis *, County of* Marion *, State of Indiana, Groom* Leonard Witt, Jr. *of* Marion *County, State of* Ind. *and, Bride* Carolyn Sue Messer *of* Hendricks *County, State of* Ind. *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* Hendricks *County.*

Dated this 19 *day of* September *, 19* 64.

Signed Charles R. Ellenwood

Official Designation Methodist Minister

Filed and recorded in accordance with the laws of the State of Indiana this 22 *day of* Sept *, 19* 64.

Signed Claude Hughes *Clerk*

Hendricks *Circuit Court*

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 268

File Sept 15-1964
Date of Application

MALE
Medical Examination Report Dated 9-15-64
Name of Physician Dr R. L. Veach

FEMALE
Medical Examination Report Dated 9-15-64
Name of Physician Dr. R. L. Veach

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Harold Middle Dean Last Scott

Date of Birth: Month June Day 7 Year 1937

Place of Birth (State or foreign country): Edmonson Co. Ky

Residence Address: Street or R. R. 451 E adam City Franklin (Johnson) County State Ind.

Previous Marital Status: Never Married ☐ Number of Previous Marriages: Once

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

Color or Race: White ☒ Negro ☐ Other ☐ (specify)

Usual Occupation: Tree Trimmer

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) electronic data duplication

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☒ Yes ☐
   Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
   If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☒ Yes ☐
5. Are you related to the bride closer than second cousin? No ☒ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
8. Are you able to support a family? Yes ☒ No ☐
9. Are you likely to so continue? Yes ☒ No ☐
10. Do you have minor children from one or more former marriages? No ☒ Yes ☐
    (If yes, answer questions a, b, c)
    (a) List their full names, ages and addresses

Name	Age	Address

    (b) Are you supporting or contributing to their support? Yes ☐ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father: Jimmy Scott
    Residence of father (if deceased so state): Brown Ky.
    Occupation of father: Farm Race of father: W
    Birthplace of father (State or foreign country): Kentucky
12. Full maiden name of mother: Mary Van Meter
    Residence of mother (if deceased so state): Brown Ky
    Occupation of mother: housewife Race of mother: W
    Birthplace of mother (State or foreign country): Kentucky

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed: Harold Dean Scott

New Address:

Subscribed and sworn to before me this 15 day of Sept, 1964.

Claude Hughes Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19....

..... Clerk

FEMALE APPLICANT

Name: First Caroline Middle R. Last Falconbury

Date of Birth: Month May Day 22 Year 1947

Place of Birth (State or foreign country): Putnam Co Ind.

Residence Address: Street or R. R. R 1 City North Salem County Hend. State Ind.

Maiden Name if Different

Previous Marital Status: Never Married ☒ Number of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race: White ☒ Negro ☐ Other ☐ (specify)

Usual Occupation: none

Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree
☐ Other (Specify)

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☒ Yes ☐
   Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you afflicted with a transmissible disease? No ☒ Yes ☐
4. Are you related to the groom closer than second cousin? No ☒ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
7. Full name of father: Virgil Falconbury
   Residence of father (if deceased so state): North Salem
   Occupation of father: Farm Race of father: W
   Birthplace of father (State or foreign country): Indiana
8. Full maiden name of mother: Anna Jane White
   Residence of mother (if deceased so state): North Salem
   Occupation of mother: housewife Race of mother: W
   Birthplace of mother (State or foreign country): Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed: Caroline R. Falconbury

New Address:

Subscribed and sworn to before me this 15 day of Sept, 1964.

Claude Hughes Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed Anna J. Falconbury Mother

Subscribed and sworn to before me this 15 day of Sept, 1964.

Claude Hughes Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the ..... County ..... Court by written order issued ..... and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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* Sept. *, 19*64*, authorizing the joining together as husband and wife* Harold Dean Scott *and* Caroline R. Falconbury

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Roy Britton *hereby certify that on the* 19 *day of* September *, one thousand nine hundred and* 64 *at* Roachdale *, County of* Putnam *, State of Indiana, Groom* Harold Dean Scott *of* Edmonson *County, State of* Kentucky *and, Bride* Caroline R. Falconbury *of* Hendricks *County, State of* Indiana *, were by me united 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* September *, 19*64*.

Signed Roy Britton

Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 23 *day of* Sept *, 19*64*.

Signed Claude Hughes *Clerk*

Hendricks *Circuit Court*

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 269

File

Sept 16-1964
Date of Application

MALE
Medical Examination Report Dated 9-2-64

Name of Physician J. B. Meredow M. D.

FEMALE
Medical Examination Report Dated 9-2-64

Name of Physician J. B. Meredow M. D.

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Roy Middle W. Last Gomes

Date of Birth: Month Sept Day 24 Year 1917

Place of Birth (State or foreign country) Penn Ill.

Residence Address: Street or R. R. RR#8 P.O. 217 City Indianapolis, County Hendricks State Indiana

Previous Marital Status: Never Married ☐ Number of Previous Marriages 2

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

Color or Race: White ☒ Negro ☐ Other ☐ (specify)

Usual Occupation Butcher

Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☒ Yes ☐
   Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
   If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☒ Yes ☐
5. Are you related to the bride closer than second cousin? No ☒ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
8. Are you able to support a family? Yes ☒ No ☐
9. Are you likely to so continue? Yes ☒ No ☐
10. Do you have minor children from one or more former marriages? No ☒ Yes ☐
    (If yes, answer questions a, b, c)
    (a) List their full names, ages and addresses

    Name Age Address

    (b) Are you supporting or contributing to their support? Yes ☐ No ☒
    (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father Vance J. Gomes
    Residence of father (if deceased so state) deceased
    Occupation of father paper maker Race of father White
    Birthplace of father (State or foreign country) Missouri
12. Full maiden name of mother Caroline Wyatt
    Residence of mother (if deceased so state) deceased
    Occupation of mother housewife Race of mother white
    Birthplace of mother (State or foreign country) Penn.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Ray W. Gomes

New Address

Subscribed and sworn to before me this 16 day of Sept, 1964.

Claude Hughes Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed Father

Signed Mother

Subscribed and sworn to before me this day of, 19

Clerk

FEMALE APPLICANT

Name: First Eva Middle J. Last Fivecoat

Date of Birth: Month June Day 13 Year 1920

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. 3836 W. 30th St. City Indianapolis County Marion State Indiana

Maiden Name if Different Eva Fravel

Previous Marital Status: Never Married ☐ Number of Previous Marriages 1

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

Color or Race: White ☒ Negro ☐ Other ☐ (specify)

Usual Occupation Cashier

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree

☐ Other (Specify) Drivers license

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☒ Yes ☐
   Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you afflicted with a transmissible disease? No ☒ Yes ☐
4. Are you related to the groom closer than second cousin? No ☒ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
7. Full name of father Roy C. Fravel
   Residence of father (if deceased so state) deceased
   Occupation of father Millwright ~~xxx~~ Race of father white
   Birthplace of father (State or foreign country) Indiana
8. Full maiden name of mother Dora Rhodes
   Residence of mother (if deceased so state) Delphi, Ind.
   Occupation of mother housewife Race of mother white
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Eva J. Fivecoat

New Address

Subscribed and sworn to before me this 16 day of Sept, 1964.

Claude Hughes Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed Father

Signed Mother

Subscribed and sworn to before me this day of, 19

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the ..... County ..... Court by written order issued ..... and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* Hendricks *Circuit Court of Indiana dated the* 21 *day of* September, 1964, *authorizing the joining together as husband and wife* Ray W. Gomes *and* Eva J. Fivecoat

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Kendall E. Sanders, *hereby certify that on the* 27 *day of* Sept, *one thousand nine hundred and* 64 *at* Indianapolis, *County of* Marion, *State of Indiana, Groom* Ray W. Gomes *of* Hendricks *County, State of* Ind. *and, Bride* Eva J. Fivecoat *of* Marion *County, State of* Ind., *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* Hendricks *County.*

Dated this 27 *day of* September, 19 64.

Signed Kendall E. Sanders

Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 29 *day of* Sept., 19 64.

Signed Claude Hughes Clerk

Hendricks Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 270
File Book 8
Sept. 18-1964
Date of Application

MALE
Medical Examination Report Dated Sept 14-1964
Name of Physician Robert J. Marvel M.D.

FEMALE
Medical Examination Report Dated September 11-1964.
Name of Physician Robert Flanders Jr M.D.

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Ronald Middle Whitman Last Schultz
Date of Birth: Month September Day 1 Year 1940
Place of Birth (State or foreign country) Milwaukee Wisconsin
Residence Address: Street or R. R. 1049 Rogers City Plainfield County Hendricks State Ind.
Previous Marital Status: Never Married ☑ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify).....
Usual Occupation Air Traffic Control Spec.
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) Birth Certificate

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☑ Yes ☐
   If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☑ Yes ☐
5. Are you related to the bride closer than second cousin? No ☑ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
8. Are you able to support a family? Yes ☑ No ☐
9. Are you likely to so continue? Yes ☑ No ☐
10. Do you have minor children from one or more former marriages? No ☐ Yes ☐
    (If yes, answer questions a, b, c)
    (a) List their full names, ages and addresses
    Name Age Address
    (b) Are you supporting or contributing to their support? Yes ☐ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father Harris Schultz.
    Residence of father (if deceased so state) 12858 Lauderdale Detroit 23
    Occupation of father Salesman Race of father W.
    Birthplace of father (State or foreign country) Milwaukee Wisc.
12. Full maiden name of mother Virginia Mendelson
    Residence of mother (if deceased so state) 12858 Lauderdale Detroit
    Occupation of mother Housewife Race of mother W.
    Birthplace of mother (State or foreign country) Milwaukee Wisc.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.
Signed Ronald Whitman Schultz
New Address.....
Subscribed and sworn to before me this 18 day of September, 1964.
Claude Hughes Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:
Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day of....., 19.....
.....Clerk

FEMALE APPLICANT

Name: First Joyce Middle Loretta Last Schenck
Date of Birth: Month June Day 7 Year 1938
Place of Birth (State or foreign country) Crawfordsville Ind.
Residence Address: Street or R. R. 610 Hillcrest Dr City Plainfield County Hendricks State Ind.
Maiden Name if Different
Previous Marital Status: Never Married ☑ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify).....
Usual Occupation Dental Hyg.
Date of birth verified by: ☐ Birth Cert. ☑ Judicial Decree
☐ Other (Specify) Birth Certificate

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
7. Full name of father Kenneth Schenck.
   Residence of father (if deceased so state) Box 295 Waynetown Ind.
   Occupation of father Self Employed Race of father W
   Birthplace of father (State or foreign country) Montgomery Co Ind.
8. Full maiden name of mother Ethel Switzer
   Residence of mother (if deceased so state) Box 295 Waynetown Ind
   Occupation of mother Self Employed Race of mother W
   Birthplace of mother (State or foreign country) Montgomery Co. Ind.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.
Signed Joyce Loretta Schenck
New Address.....
Subscribed and sworn to before me this 18 day of September, 1964
Claude Hughes Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:
Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day of....., 19.....
.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the .....County.....Court by written order issued.....and filed in.....authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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* September, 19 64, *authorizing the joining together as husband and wife* Ronald Whitman Schultz *and* Joyce Loretta Schenck
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Warren A. Robbins *hereby certify that on the* 26 *day of* September, *one thousand nine hundred and* 64 *at* Plainfield, *County of* Hendricks *State of Indiana, Groom* Ronald Whitman Schultz *of* Hendricks *County, State of* Ind. *and, Bride* Joyce Loretta Schenck *of* Hendricks *County, State of* Ind., *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* Hendricks *County.*
Dated this 26 *day of* September, 19 64.
Signed Warren A. Robbins
Official Designation Christian Minister
Filed and recorded in accordance with the laws of the State of Indiana this 28 *day of* Sept, 19 64.
Signed Claude Hughes Clerk
Hendricks Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 271

File Sept 18-1964
Date of Application

MALE
Medical Examination Report Dated 9-12-64
Name of Physician Dr. Lloyd Terry M.D.

FEMALE
Medical Examination Report Dated 9-12-64
Name of Physician Dr. Lloyd Terry 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 M. Last Patterson
Date of Birth: Month 10 Day 14 Year 38
Place of Birth (State or foreign country) Indpls Ind.
Residence Address: Street or R. R. RR City Lizton County Hendricks State Ind.
Previous Marital Status: Never Married ☐ Number of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify)
Usual Occupation Steelworker
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) Drivers license

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☒ Yes ☐
   Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
   If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☒ Yes ☐
5. Are you related to the bride closer than second cousin? No ☒ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
8. Are you able to support a family? Yes ☒ No ☐
9. Are you likely to so continue? Yes ☒ No ☐
10. Do you have minor children from one or more former marriages? No ☐ Yes ☒
    (If yes, answer questions a, b, c)
    (a) List their full names, ages and addresses

Name	Age	Address
Lester Patterson	4	Tennessee

    (b) Are you supporting or contributing to their support? Yes ☐ No ☒
    (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father Everett M. Patterson
    Residence of father (if deceased so state) Rockville, Ind.
    Occupation of father Farmer Race of father White
    Birthplace of father (State or foreign country) Brownsburg
12. Full maiden name of mother Mable Lenore Palford
    Residence of mother (if deceased so state) Lawrence, Ind.
    Occupation of mother housewife Race of mother white
    Birthplace of mother (State or foreign country) Kentucky

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed James M Patterson
New Address
Subscribed and sworn to before me this 18 day of September, 1964
Claude Hughes Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:
Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this 18 day of ....., 19.....
..... Clerk

FEMALE APPLICANT

Name: First Mary Middle Ann Last Blankenship
Date of Birth: Month 8 Day 30 Year 48
Place of Birth (State or foreign country) London, Kentucky
Residence Address: Street or R. R. RR #1 Box 202 City Lizton County Hendricks State Ind.
Maiden Name if Different
Previous Marital Status: Never Married ☒ Number of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify)
Usual Occupation
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify)

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☒ Yes ☐
   Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you afflicted with a transmissible disease? No ☒ Yes ☐
4. Are you related to the groom closer than second cousin? No ☒ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
7. Full name of father Lewis Blankenship
   Residence of father (if deceased so state) Lizton, Ind.
   Occupation of father Farmer Race of father white
   Birthplace of father (State or foreign country) London, Kentucky
8. Full maiden name of mother Evelyn Monroe
   Residence of mother (if deceased so state) Lizton, Ind.
   Occupation of mother Housekeeping (Not outside Hospital) Race of mother white
   Birthplace of mother (State or foreign country) Kentucky

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Mary Ann Blankenship
New Address
Subscribed and sworn to before me this 18 day of September, 1964
Claude Hughes Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:
Signed Lewis Blankenship Father
Signed Evelyn Blankenship Mother
Subscribed and sworn to before me this 18 day of September, 1964.
Claude Hughes Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the ..... County ..... Court by written order issued ..... and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the Hendricks Circuit Court of Indiana dated the 22 day of September, 1964, authorizing the joining together as husband and wife James M. Patterson and Mary Ann Blankenship

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, David C Turnbull hereby certify that on the 22 day of Sept one thousand nine hundred and 64 at Danville, County of Hendricks, State of Indiana, Groom James M. Patterson of Hendricks County, State of Indiana, and, Bride Mary Ann Blankenship of Hendricks County, State of Indiana, were by me united 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 Sept, 1964

Signed David C. Turbull
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 30 day of September, 1964.

Signed Claude Hughes Clerk
Hendricks Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 272

File Sept 19, 1964

Date of Application

MALE
Medical Examination Report Dated Sept 14, 1964
Name of Physician Fred P. Warburton

FEMALE
Medical Examination Report Dated Sept 14, 1964
Name of Physician Fred P. Warburton

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Ronald Middle H. Last Kyle
Date of Birth: Month 7 Day 2 Year 44
Place of Birth (State or foreign country) Apache Okla.
Residence Address 9622 Melody Lane Street or R. R. Indpls. City Marion County Ind. State
Previous Marital Status: Never Married ☒ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☒ Negro ☐ Other ☐ (specify).....
Usual Occupation Construction
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree
☐ Other (Specify).....

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☒ Yes ☐
   Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
   If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☒ Yes ☐
5. Are you related to the bride closer than second cousin? No ☒ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
8. Are you able to support a family? Yes ☒ No ☐
9. Are you likely to so continue? Yes ☒ No ☐
10. Do you have minor children from one or more former marriages? No ☐ Yes ☐
    (If yes, answer questions a, b, c)
    (a) List their full names, ages and addresses

Name	Age	Address

    (b) Are you supporting or contributing to their support? Yes ☐ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father Acy Wilson Kyle
    Residence of father (if deceased so state) Okla.
    Occupation of father ? Race of father White
    Birthplace of father (State or foreign country) Okla.
12. Full maiden name of mother Matilda Orville Claycomb
    Residence of mother (if deceased so state) Indpls. Ind.
    Occupation of mother Supv. Indiana County Race of mother White
    Birthplace of mother (State or foreign country) Okla.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Ronald H. Kyle
New Address.....

Subscribed and sworn to before me this 19 day of Sept, 19 64
Claude Hughes Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary parents divorced. Mother has Custody.

State of Indiana, County of HENDRICKS } ss:

Signed.....Father
Signed Martha E. Riddle Mother
Subscribed and sworn to before me this 19 day of Sept, 19 64
Claude Hughes Clerk

FEMALE APPLICANT

Name: First Nona Middle Kay Last Ginn
Date of Birth: Month 4 Day 29 Year 47
Place of Birth (State or foreign country)
Residence Address RR #2 Box 337 Street or R. R. Plainfield City Hendricks County Ind. State
Maiden Name if Different
Previous Marital Status: Never Married ☒ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☒ Negro ☐ Other ☐ (specify).....
Usual Occupation —
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree
☐ Other (Specify).....

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☒ Yes ☐
   Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you afflicted with a transmissible disease? No ☒ Yes ☐
4. Are you related to the groom closer than second cousin? No ☒ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
7. Full name of father Virgil Eugene Ginn
   Residence of father (if deceased so state) Plainfield
   Occupation of father Drafter - Bell Telephone Co. Race of father White
   Birthplace of father (State or foreign country) Ind.
8. Full maiden name of mother Doris Ellen Mowery
   Residence of mother (if deceased so state) Plainfield
   Occupation of mother Housewife Race of mother White
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Nona Kay Ginn
New Address.....

Subscribed and sworn to before me this 19 day of Sept., 19 64
Claude Hughes Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed Virgil E. Ginn Father
Signed Doris Ellen Ginn Mother
Subscribed and sworn to before me this 19 day of Sept, 19 64
Claude Hughes Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the .....County.....Court by written order issued.....and filed in.....authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the Hendricks Circuit Court of Indiana dated the 26 day of September, 19 64, authorizing the joining together as husband and wife Ronald H. Kyle and Nona Kay Ginn

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Eugene E. Crawley hereby certify that on the 26 day of September, one thousand nine hundred and 64 at Plainfield, County of Hendricks, State of Indiana, Groom Ronald H. Kyle of Hendricks County, State of Indiana, and, Bride Nona Kay Ginn of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of Hendricks County.

Dated this 26 day of Sept., 19 64.

Signed Eugene E. Crawley
Official Designation Justice of Peace

Filed and recorded in accordance with the laws of the State of Indiana this 30 day of Sept, 19 64.

Signed Claude Hughes Clerk
Hendricks Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 273
File 1
September 1964
Date of Application

MALE
Medical Examination Report Dated 9-17-64
Name of Physician A. A. Hood

FEMALE
Medical Examination Report Dated 9-17-64
Name of Physician A. A. Hood

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First George Middle W. Last Young
Date of Birth: Month 4 Day 29 Year 1919
Place of Birth (State or foreign country) New York City N.Y.
Residence Address: Street or R. R. 296 N. Hill City Plainfield County Hendricks State Indiana
Previous Marital Status: Never Married ☐ Number of Previous Marriages 2
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify)
Usual Occupation Detective Sergeant
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify)

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☒ Yes ☐
   Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☐ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
   If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☒ Yes ☐
5. Are you related to the bride closer than second cousin? No ☒ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
8. Are you able to support a family? Yes ☒ No ☐
9. Are you likely to so continue? Yes ☒ No ☐
10. Do you have minor children from one or more former marriages? No ☒ Yes ☐
    (If yes, answer questions a, b, c)
    (a) List their full names, ages and addresses

Name	Age	Address

    (b) Are you supporting or contributing to their support? Yes ☐ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father William Henry Young
    Residence of father (if deceased so state) deceased
    Occupation of father Police Lt. Race of father White
    Birthplace of father (State or foreign country) Long Island N.Y.
12. Full maiden name of mother Margaret angelia Taffe
    Residence of mother (if deceased so state) deceased
    Occupation of mother housewife Race of mother White
    Birthplace of mother (State or foreign country) New York City N.Y.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed George W. Young
New Address
Subscribed and sworn to before me this 19 day of Sept, 19 64.
Claude Hughes Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ... day of ..., 19..
..... Clerk

FEMALE APPLICANT

Name: First Ruth Middle E. Last Anderson
Date of Birth: Month 6 Day 16 Year 37
Place of Birth (State or foreign country) Washington Indiana
Residence Address: Street or R. R. 564 E. Bielson City Speedway County Marion State Indiana
Maiden Name if Different Ruth Ames
Previous Marital Status: Never Married ☐ Number of Previous Marriages 1
Last Marriage Ended By: Death ☑ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify)
Usual Occupation Secretary
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify)

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☒ Yes ☐
   Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you afflicted with a transmissible disease? No ☒ Yes ☐
4. Are you related to the groom closer than second cousin? No ☒ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
7. Full name of father Herman Ames
   Residence of father (if deceased so state) Decased
   Occupation of father farmer Race of father white
   Birthplace of father (State or foreign country) Dearborn County
8. Full maiden name of mother Belle Ethel Davenport
   Residence of mother (if deceased so state) Vincennes
   Occupation of mother — Race of mother white
   Birthplace of mother (State or foreign country) Dearborn County

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Ruth E Anderson
New Address
Subscribed and sworn to before me this 19 day of Sept, 19 64.
Claude Hughes Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ... day of ..., 19..
..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the ..... County ..... Court by written order issued N ..... and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the Hendricks Circuit Court of Indiana dated the 23 day of September, 19 64, authorizing the joining together as husband and wife George W Young and Ruth E Anderson
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Rev. Maurice C. Wright hereby certify that on the 24 day of Sept, one thousand nine hundred and 64 at Indianapolis, County of Marion, State of Indiana, Groom George W. Young of Hendricks County, State of Indiana, and, Bride Ruth E. Anderson 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 Sept, 19 64.

Signed Rev. Maurice C. Wright
Official Designation Pastor, Lynhurst Baptist Church

Filed and recorded in accordance with the laws of the State of Indiana this 29 day of September, 19 64.
Signed Wander Hughes Clerk
Hendricks Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 274

File

Sept 19, 1964
Date of Application

MALE
Medical Examination Report Dated 9-18-64
Name of Physician Elmer L. Koch, M.D.

FEMALE
Medical Examination Report Dated 9-18-64
Name of Physician Elmer L. Koch, M.D.

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Charles Middle F. Last Yates
Date of Birth: Month 3 Day 11 Year 1919
Place of Birth (State or foreign country) Steubenville Virginia
Residence Address 138 W. 14th St. Street or R. R. City Front Royal County Warren State Virginia
Previous Marital Status: Never Married ☐ Number of Previous Marriages 2
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify)
Usual Occupation Textile worker
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree ☐ Other (Specify) drivers license

1. Are you now or have you been adjudged, diagnosed or considered as: An Imbecile? No ☑ Yes ☐ Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐ If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☒ Yes ☐
5. Are you related to the bride closer than second cousin? No ☒ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
8. Are you able to support a family? Yes ☒ No ☐
9. Are you likely to so continue? Yes ☒ No ☐
10. Do you have minor children from one or more former marriages? No ☒ Yes ☐
(If yes, answer questions a, b, c)
(a) List their full names, ages and addresses

Name Age Address

(b) Are you supporting or contributing to their support? Yes ☐ No ☒
(c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐

11. Full name of father Charles Fred Yates
Residence of father (if deceased so state) deceased
Occupation of father textile operator Race of father white
Birthplace of father (State or foreign country) ?
12. Full maiden name of mother Lida Jane Goff
Residence of mother (if deceased so state) deceased
Occupation of mother — Race of mother White
Birthplace of mother (State or foreign country) West Virginia

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Charles F. Yates

New Address

Subscribed and sworn to before me this 19 day of Sept, 1964.
Claude Hughes Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed Father
Signed Mother
Subscribed and sworn to before me this day of , 19
Clerk

FEMALE APPLICANT

Name: First Betty Middle Last Moss
Date of Birth: Month 7 Day 8 Year 1930
Place of Birth (State or foreign country) Plainfield Indiana
Residence Address R.R. # North Salem Street or R. R. City County Hendricks State Ind.
Maiden Name if Different Betty Barlow
Previous Marital Status: Never Married ☐ Number of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify)
Usual Occupation
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree ☐ Other (Specify) drivers license

1. Are you now or have you been adjudged, diagnosed or considered as: An Imbecile? No ☒ Yes ☐ Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you afflicted with a transmissible disease? No ☒ Yes ☐
4. Are you related to the groom closer than second cousin? No ☒ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
7. Full name of father Russell Silden Barlow
Residence of father (if deceased so state) North Salem
Occupation of father farmer Race of father white
Birthplace of father (State or foreign country) Plainfield
8. Full maiden name of mother Esther Roberta Dunlap
Residence of mother (if deceased so state) North Salem
Occupation of mother housewife Race of mother white
Birthplace of mother (State or foreign country) Stamford Ind.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Betty Moss

New Address

Subscribed and sworn to before me this 19 day of Sept., 1964.
Claude Hughes Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed Father
Signed Mother
Subscribed and sworn to before me this day of , 19
Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the County Court by written order issued and filed in authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the Hendricks Circuit Court of Indiana dated the 23 day of September, 1964, authorizing the joining together as husband and wife Charles F. Yates and Betty Moss

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Lloyd B. King hereby certify that on the 23 day of September, one thousand nine hundred and 64 at Danville, County of Hend., State of Indiana, Groom Charles F. Yates of Warren County, State of Virginia and, Bride Betty Moss of North Salem-Hendricks County, State of Ind., were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of Hendricks County.

Dated this 23 day of September, 1964.

Signed Lloyd B. King
Official Designation Friends Minister

Filed and recorded in accordance with the laws of the State of Indiana this 28 day of September, 1964.

Signed Claude Hughes Clerk
Hendricks Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 275

File

Sept 21 1964
Date of Application

MALE
Medical Examination Report Dated 9-4-64

Name of Physician A. N. Sandders, M.D.

FEMALE
Medical Examination Report Dated 9-4-64

Name of Physician A. N. Sandders, M.D.

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Thomas Middle E. Last Swisher

Date of Birth: Month 6 Day 27 Year 1944

Place of Birth (State or foreign country) Hendricks

Residence Address: Street or R. R. RR#1 City Brownsburg County Hendricks State Ind.

Previous Marital Status: Never Married ☑ Number of Previous Marriages.....

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race: White ☑ Negro ☐ Other ☐ (specify).....

Usual Occupation —

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) driver license

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☒ Yes ☐
   Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☐ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
   If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
4. Are you afflicted with a transmissible disease? No ☒ Yes ☐
5. Are you related to the bride closer than second cousin? No ☒ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
8. Are you able to support a family? Yes ☒ No ☐
9. Are you likely to so continue? Yes ☒ No ☐
10. Do you have minor children from one or more former marriages? No ☐ Yes ☐
    (If yes, answer questions a, b, c)
    (a) List their full names, ages and addresses

    Name Age Address

    (b) Are you supporting or contributing to their support? Yes ☐ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father Dr. Denton Swisher
    Residence of father (if deceased so state) Brownsburg
    Occupation of father farmer Race of father white
    Birthplace of father (State or foreign country) White County, Ind.
12. Full maiden name of mother Lucille Mary Schipp
    Residence of mother (if deceased so state) Brownsburg
    Occupation of mother housewife Race of mother white
    Birthplace of mother (State or foreign country) Marion County

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Thomas E Swisher

New Address.....

Subscribed and sworn to before me this 21 day of Sept, 19 64

Claude Hughes Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary see notarized statement of father Isaac N. Swisher giving consent -

State of Indiana, County of HENDRICKS } ss:

Signed.....

Signed Lucille M. Swisher Father / Mother

Subscribed and sworn to before me this 21 day of Sept, 19 64.

Claude Hughes Clerk

FEMALE APPLICANT

Name: First Sheila Middle a Last Reimer

Date of Birth: Month 6 Day 18 Year 47

Place of Birth (State or foreign country) San Francisco, Calif

Residence Address: Street or R. R. RR#1 City Pittsboro County Hendricks State Ind.

Maiden Name if Different

Previous Marital Status: Never Married ☑ Number of Previous Marriages.....

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race: White ☑ Negro ☐ Other ☐ (specify).....

Usual Occupation —

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) drivers license

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☒ Yes ☐
   Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you afflicted with a transmissible disease? No ☒ Yes ☐
4. Are you related to the groom closer than second cousin? No ☒ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
7. Full name of father Lawrence Edwards Reimer
   Residence of father (if deceased so state) Pittsboro, Ind
   Occupation of father merchant Race of father white
   Birthplace of father (State or foreign country) South Dakota
8. Full maiden name of mother Mary M. Clark
   Residence of mother (if deceased so state) Pittsboro, Ind.
   Occupation of mother housewife Race of mother white
   Birthplace of mother (State or foreign country) Marion County

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Sheila A Reimer

New Address.....

Subscribed and sworn to before me this 21 day of Sept, 19 64

Claude Hughes Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed Lawrence E Reimer Father

Signed Mary M Reimer Mother

Subscribed and sworn to before me this 21 day of Sept, 19 64.

Claude Hughes Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the .....County.....Court by written order issued.....and filed in.....authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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* September, 19 64, *authorizing the joining together as husband and wife* Thomas E Swisher *and* Sheila a Reimer

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Raymond R. Slover *hereby certify that on the* 25 *day of* September, *one thousand nine hundred and* 64 *at* Pittsboro, *County of* Hendricks, *State of Indiana, Groom* Thomas E Swisher *of* Hendricks *County, State of* Indiana, *and, Bride* Sheila A. Reimer *of* Hendricks *County, State of* Indiana, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* Hendricks *County.*

Dated this 25 *day of* September, 19 64.

Signed Raymond R. Slover

Official Designation Minister of the Gospel

Filed and recorded in accordance with the laws of the State of Indiana this 26 *day of* September, 19 64.

Signed Claude Hughes Clerk

Hendricks Circuit Court

No. 275

File

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

Sept 21 1964
Date of Application

MALE
Medical Examination Report Dated 9-4-64
Name of Physician A. N. Sandders, M.D.

FEMALE
Medical Examination Report Dated 9-4-64
Name of Physician A. N. Sandders, M.D.

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Thomas Middle E. Last Swisher

Date of Birth: Month 6 Day 27 Year 1944

Place of Birth (State or foreign country) Hendricks

Residence Address: Street or R. R. RR#1 City Brownsburg County Hendricks State Ind.

Previous Marital Status: Never Married ☑ Number of Previous Marriages.....

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race: White ☑ Negro ☐ Other ☐ (specify).....

Usual Occupation —

Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) drivers license

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☒ Yes ☐
   Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☐ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
   If answer to 3 is "yes" has the cause of such condition been removed? No ☒ Yes ☐
4. Are yo
5. Are you
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9. Are you
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    (If yes,
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    (b) Are
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11. Full na
    Residen
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    Birthpla
12. Full ma
    Residen
    Occupat
    Birthpla
State of Ind
County of...

Subscribed
Clau

CONSENT
We, the p
signs, state
see notarized Statement of father
Ira N. Swisher giving consent -

State of Indiana,
County of HENDRICKS } ss:

Signed.....Father
Signed. Lucille M. Swisher Mother
Subscribed and sworn to before me this 21 day of Sept, 19 64.
Claude Hughes Clerk

FEMALE APPLICANT

Name: First Sheila Middle a Last Reimer

Date of Birth: Month 6 Day 18 Year 47

Place of Birth (State or foreign country) San Francisco Calif

Residence Address: Street or R. R. RR#1 City Pittsboro County Hendricks State Ind.

Maiden Name if Different

Previous Marital Status: Never Married ☑ Number of Previous Marriages.....

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race: White ☑ Negro ☐ Other ☐ (specify).....

Usual Occupation —

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) drivers license

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☒ Yes ☐
   Of Unsound Mind? No ☒ Yes ☐

State of Indiana,
County of HENDRICKS } ss:

Signed Sawuna E Reimer Father
Signed Mary M. Reimer Mother
Subscribed and sworn to before me this 21 day of Sept, 19 64.
Claude Hughes Clerk

I give my son Thomas permission to get married.

Ira N Swisher

STATE OF INDIANA)
) SS:
COUNTY OF HENDRICKS)

Personally appeared before me, a Notary Public in and for said county and state, this 21 day of Sept, 1964.

My commission expires;
Dec 7, 1964

Beck K Nash
Notary Public

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the .....County.....Court by written order issued.....and filed in.....authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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* September, 19 64, *authorizing the joining together as husband and wife* Thomas E Swisher *and* Sheila a Reimer
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Raymond R. Slover *hereby certify that on the* 25 *day of* September, *one thousand nine hundred and* 64 *at* Pittsboro, *County of* Hendricks, *State of Indiana, Groom* Thomas E Swisher *of* Hendricks *County, State of* Indiana *and, Bride* Sheila A. Reimer *of* Hendricks *County, State of* Indiana, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* Hendricks *County.*
Dated this 25 *day of* September, 19 64.

Signed Raymond R Slover
Official Designation Minister of the Gospel

Filed and recorded in accordance with the laws of the State of Indiana this 26 *day of* September, 19 64.

Signed Claude Hughes Clerk
Hendricks Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 276
File Book 28
Sept. 21-1964
Date of Application

MALE
Medical Examination Report Dated Sept 18-1964
Name of Physician Dr John Eleett. MD.

FEMALE
Medical Examination Report Dated Sept 18-1964
Name of Physician Dr John Eleett 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 Allan Middle L. Last Chitwood
Date of Birth: Month September Day 28 Year 1925
Place of Birth (State or foreign country): Monroe Co. Bloomington Indiana
Residence Address: Street or R. R. Clayton/Hendr. City Co. County Ind. State
Previous Marital Status: Never Married ☐ Number of Previous Marriages 2
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify)
Usual Occupation Carpenter
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) Operators Liecine

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☑ Yes ☐
   If answer to 3 is "yes" has the cause of such condition been removed? No ☑ Yes ☐
4. Are you afflicted with a transmissible disease? No ☑ Yes ☐
5. Are you related to the bride closer than second cousin? No ☑ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
8. Are you able to support a family? Yes ☑ No ☐
9. Are you likely to so continue? Yes ☑ No ☐
10. Do you have minor children from one or more former marriages? No ☑ Yes ☐
    (If yes, answer questions a, b, c)
    (a) List their full names, ages and addresses
    Name Age Address
    (b) Are you supporting or contributing to their support? Yes ☐ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father Leon Chitwood
    Residence of father (if deceased so state) Bloomington Ind.
    Occupation of father Laborer Race of father W.
    Birthplace of father (State or foreign country) Monroe Co. Ind.
12. Full maiden name of mother Gladys Cloding
    Residence of mother (if deceased so state) Bloomington.
    Occupation of mother Housewife Race of mother W
    Birthplace of mother (State or foreign country) Brown Co. Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.
Signed Allan L Chitwood
New Address
Subscribed and sworn to before me this 21 day of September, 1964
Claude Hughes Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:
Signed Father
Signed Mother
Subscribed and sworn to before me this day of , 19
Clerk

FEMALE APPLICANT

Name: First Mary Middle Jo Last Day
Date of Birth: Month November Day 24 Year 1933
Place of Birth (State or foreign country): Monroe Co Bloomington Ind.
Residence Address: Street or R. R. PO Box 92 City Clayton County Hendr. Co. State
Maiden Name if Different: Mary Jo Hill
Previous Marital Status: Never Married ☐ Number of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐
Color or Race: White ☐ Negro ☐ Other ☐ (specify)
Usual Occupation Housewife
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) Drivers application

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
7. Full name of father Robert Hill
   Residence of father (if deceased so state) deceased
   Occupation of father Race of father W
   Birthplace of father (State or foreign country) Monroe Co. Bloomington
8. Full maiden name of mother Alice Bales
   Residence of mother (if deceased so state) deceased
   Occupation of mother Race of mother W
   Birthplace of mother (State or foreign country) South Dakota.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.
Signed Mary Jo Day
New Address
Subscribed and sworn to before me this 21 day of September, 1964
Claude Hughes Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:
Signed Father
Signed Mother
Subscribed and sworn to before me this day of , 19
Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the County Court by written order issued and filed in authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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 September, 1964, authorizing the joining together as husband and wife Allan L Chitwood and Mary Jo Day.

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Lloyd C. Peters hereby certify that on the 25 day of September, one thousand nine hundred and 64, at Bloomington, County of Monroe, State of Indiana, Groom Allan L Chitwood of Hendricks County, State of Ind., and, Bride Mary J. Day of Hendricks County, State of Ind., were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of Hendricks County.

Dated this 25 day of September, 1964.

Signed Lloyd C Peters
Official Designation Justice of Peace

Filed and recorded in accordance with the laws of the State of Indiana this 28 day of September, 1964.

Signed Claude Hughes Clerk
Hendricks Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 277
File Book 28
Sept 22-1964
Date of Application

MALE
Medical Examination Report Dated September 16-1964
Name of Physician David B. Haggard M.D.

FEMALE
Medical Examination Report Dated September 16-1964
Name of Physician David B. Haggard M.D.

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Calvin Middle Lloyd Last Settles
Date of Birth: Month March Day 13 Year 1944
Place of Birth (State or foreign country): Marion County Indiana
Residence Address: Street or R. R. RR 1 Box 135 City Clayton County Hendricks State Ind.
Previous Marital Status: Never Married ☑ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify).....
Usual Occupation: Construction
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) Drivers License

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☑ Yes ☐
   If answer to 3 is "yes" has the cause of such condition been removed? No ☑ Yes ☐
4. Are you afflicted with a transmissible disease? No ☑ Yes ☐
5. Are you related to the bride closer than second cousin? No ☑ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
8. Are you able to support a family? Yes ☑ No ☐
9. Are you likely to so continue? Yes ☑ No ☐
10. Do you have minor children from one or more former marriages? No ☐ Yes ☐
    (If yes, answer questions a, b, c)
    (a) List their full names, ages and addresses
    Name Age Address
    (b) Are you supporting or contributing to their support? Yes ☐ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father Charles Leslie Settles
    Residence of father (if deceased so state) Clayton Indiana
    Occupation of father Laborer Race of father W
    Birthplace of father (State or foreign country) Marion Co. Kentucky
12. Full maiden name of mother Hilda Marie Harvey
    Residence of mother (if deceased so state) Clayton Ind
    Occupation of mother housewife Race of mother W
    Birthplace of mother (State or foreign country) Hancock Co. Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.
Signed Calvin Lloyd Settles
New Address.....
Subscribed and sworn to before me this 22 day of Sept, 1964.
Claude Hughes Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:
Signed Leparkes L Settles Sr. Father
Signed Marie Settles Mother
Subscribed and sworn to before me this 22 day of September, 1964.
Claude Hughes Clerk

FEMALE APPLICANT

Name: First Betty Middle Joan Last Williams
Date of Birth: Month February Day 25 Year 1945
Place of Birth (State or foreign country): Hardinsburg Indiana
Residence Address: Street or R. R. Springhill Motel City Plainfield County Hendr. State Ind.
Maiden Name if Different
Previous Marital Status: Never Married ☑ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify).....
Usual Occupation: Underwriter Ins. Co.
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) Birth Certificate

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☐ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
7. Full name of father John D. Williams
   Residence of father (if deceased so state) Deceased
   Occupation of father..... Race of father.....
   Birthplace of father (State or foreign country) Kansas
8. Full maiden name of mother Correan Frances Vanlaningham
   Residence of mother (if deceased so state) Belleville Indiana
   Occupation of mother housewife Race of mother W
   Birthplace of mother (State or foreign country) Indiana (Hardinsburg)

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.
Signed Betty Joan Williams
New Address.....
Subscribed and sworn to before me this 22 day of September, 1964
Claude Hughes Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:
Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day 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 September 22 1964 and filed in Circuit Court authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the Hendricks Circuit Court of Indiana dated the 22 day of September, 1964, authorizing the joining together as husband and wife Calvin Lloyd Settles and Betty Joan Williams
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Paul Taylor hereby certify that on the 25 day of September, one thousand nine hundred and 64 at Clayton, County of Hendricks, State of Indiana, Groom Calvin Lloyd Settles of Hendricks County, State of Ind., and, Bride Betty Joan Williams of Hendricks County, State of Ind., were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of Hendricks County.
Dated this 25 day of Sept, 1964.

Signed Paul Taylor
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 30 day of Sept, 1964.
Signed Claude Hughes Clerk
Hendricks Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 278

File 1

Sept 22 1964
Date of Application

MALE
Medical Examination Report Dated Sept 21-1964
Name of Physician M M Aiken M D.

FEMALE
Medical Examination Report Dated Sept 21-1964
Name of Physician M M. Aiken 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 Kenneth Middle — Last Embs

Date of Birth: Month Dec Day 9 Year 1925

Place of Birth (State or foreign country) Irving Ky

Residence Address: Street or R. R. Van Buren Hotel City Plainfield, County — State Ind.

Previous Marital Status: Never Married ☐ Number of Previous Marriages once

Last Marriage Ended By: Death ☒ Divorce ☐ Annulment ☐

Color or Race: White ☒ Negro ☐ Other ☐ (specify)

Usual Occupation Carpenter

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) Drivers License

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☒ Yes ☐
   Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
   If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☒ Yes ☐
5. Are you related to the bride closer than second cousin? No ☒ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
8. Are you able to support a family? Yes ☒ No ☐
9. Are you likely to so continue? Yes ☒ No ☐
10. Do you have minor children from one or more former marriages? No ☐ Yes ☐
    (If yes, answer questions a, b, c)
    (a) List their full names, ages and addresses

Name	Age	Address

    (b) Are you supporting or contributing to their support? Yes ☐ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father Clarence Embs
    Residence of father (if deceased so state) Winchester Ky
    Occupation of father Farmer Race of father W
    Birthplace of father (State or foreign country) Kentucky
12. Full maiden name of mother Amanda Ellen Berryman
    Residence of mother (if deceased so state) Winchester Ky
    Occupation of mother housewife Race of mother W
    Birthplace of mother (State or foreign country) Kentucky

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Kenneth Embs

New Address

Subscribed and sworn to before me this 22 day of Sept, 1964

Claude Hughes Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

FEMALE APPLICANT

Name: First Judy Middle Ann Last Underwood

Date of Birth: Month July Day 3 Year 1943

Place of Birth (State or foreign country) Indianapolis Ind.

Residence Address: Street or R. R. 1604 N Capitol ave City Spencer County (Owen) State Ind.

Maiden Name if Different

Previous Marital Status: Never Married ☒ Number of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race: White ☒ Negro ☐ Other ☐ (specify)

Usual Occupation Dukes Jarcian

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) Drivers License

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☒ Yes ☐
   Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you afflicted with a transmissible disease? No ☒ Yes ☐
4. Are you related to the groom closer than second cousin? No ☒ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
7. Full name of father Wolform underwood
   Residence of father (if deceased so state) Spencer
   Occupation of father Crane Operator Race of father W
   Birthplace of father (State or foreign country) Indiana
8. Full maiden name of mother Mary Crystal Hubbard
   Residence of mother (if deceased so state) Spencer
   Occupation of mother Nursing Home Race of mother W
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Judy Ann Underwood

New Address

Subscribed and sworn to before me this 22 day of Sept, 1964

Claude Hughes Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the ..... County ..... Court by written order issued ..... and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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* September, 19.64, *authorizing the joining together as husband and wife* Kenneth Embs *and* Judy Ann Underwood

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Eugene E. Crawley *hereby certify that on the* 26 *day of* September, *one thousand nine hundred and* 64 *at* Plainfield, *County of* Hend., *State of Indiana, Groom* Kenneth Embs *of* Hendricks *County, State of* Indiana, *and, Bride* Judy Ann Underwood *of* Owen *County, State of* Indiana, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* Hendricks *County.*

Dated this 26 *day of* Sept, 19 64.

Signed Eugene E. Crawley

Official Designation Justice of Peace

Filed and recorded in accordance with the laws of the State of Indiana this 29 *day of* Sept, 19 64.

Signed Claude Hughes *Clerk*

Hendricks *Circuit Court*

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 279

File

Sept 23-1964
Date of Application

MALE
Medical Examination Report Dated 9-15-64
Name of Physician Thomas Walker M.D.

FEMALE
Medical Examination Report Dated 9-15-64
Name of Physician Thomas Walker M.D.

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Joseph Middle [illegible] Last Lefkovitz

Date of Birth: Month Jan Day 27 Year 1929

Place of Birth (State or foreign country) Dayton Ohio

Residence Address: 1485 Vernon Dr Street or R. R. Dayton City County State Ohio

Previous Marital Status: Never Married ☒ Number of Previous Marriages.....

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race: White ☒ Negro ☐ Other ☐ (specify).....

Usual Occupation Property Supervisor

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) Operators License

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☒ Yes ☐
   Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
   If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☐ Yes ☒
5. Are you related to the bride closer than second cousin? No ☒ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
8. Are you able to support a family? Yes ☐ No ☒
9. Are you likely to so continue? Yes ☒ No ☐
10. Do you have minor children from one or more former marriages? No ☐ Yes ☐
    (If yes, answer questions a, b, c)
    (a) List their full names, ages and addresses

    Name Age Address

    (b) Are you supporting or contributing to their support? Yes ☐ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father Abraham Louis Lefkovitz
    Residence of father (if deceased so state) Dayton, Ohio
    Occupation of father Shoe Repair Race of father W
    Birthplace of father (State or foreign country) Poland
12. Full maiden name of mother Gertrude Miriam Seifman
    Residence of mother (if deceased so state) Dayton, Ohio
    Occupation of mother Housewife Race of mother W
    Birthplace of mother (State or foreign country) Poland

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed.....

New Address.....

Subscribed and sworn to before me this 23 day of Sept, 19 64

Claude Hughes Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

FEMALE APPLICANT

Name: First Mary Middle [illegible] Last Allen

Date of Birth: Month Jan Day 26 Year 1946

Place of Birth (State or foreign country) Hardshell Ky

Residence Address: 1007 Logan Street or R. R. Brownsburg City County State Ind.

Maiden Name if Different

Previous Marital Status: Never Married ☒ Number of Previous Marriages.....

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race: White ☒ Negro ☐ Other ☐ (specify).....

Usual Occupation Waitress

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☐ Other (Specify).....

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☒ Yes ☐
   Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you afflicted with a transmissible disease? No ☒ Yes ☐
4. Are you related to the groom closer than second cousin? No ☒ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
7. Full name of father Woodrow Allen
   Residence of father (if deceased so state) Kentucky
   Occupation of father Highway Dept Race of father W
   Birthplace of father (State or foreign country) Kentucky
8. Full maiden name of mother Margaret Elizabeth Combs
   Residence of mother (if deceased so state) Kentucky
   Occupation of mother housewife Race of mother W
   Birthplace of mother (State or foreign country) Kentucky

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed.....

New Address.....

Subscribed and sworn to before me this 23 day of Sept, 19 64

Claude Hughes Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary The above statements are all true. Hardshell, Ky.

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed Margaret Allen Mother

Subscribed and sworn to before me this 23 day of Sept, 19 64

Claude Hughes Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the.....County.....Court by written order issued.....and filed.....in.....authorizes and directs the issuance of a marriage license to the above named parties. 3 day waived J. Wade

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the Hendricks Circuit Court of Indiana dated the 23 day of Sept, 19 64, authorizing the joining together as husband and wife Joseph L. and.....

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Harold V. Comer hereby certify that on the 23rd day of September, one thousand nine hundred and sixty-four at Brownsburg, County of Hendricks, State of Indiana, Groom Joseph Lefkovitz of Montgomery County, State of Indiana, and, Bride Mary Allen of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of Hendricks County.

Dated this 23rd day of September, 19 64.

Signed Harold V. Comer

Official Designation Evangelist

Filed and recorded in accordance with the laws of the State of Indiana this 18 day of May, 19 71.

Signed John Hanford Jr. Clerk

Hendricks Circuit Court

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Form
Indian
Health
Chap.

May 13, 1971

FILED
MAY 18 1971
John Hamblold Jr.
CLERK HENDRICKS CIRCUIT COURT SUPERIOR

Clerk of Courts
The Hendricks Circuit Court
Danville, Indiana

Gentlemen:

Recently in preparing to move the enclosed duplicate marriage certificate, marriage license and record of marriage was found. It is our understanding that this should have been mailed to your office by Reverend Comer after the performance of our marriage. Reverrend Comer performed the marriage on September 23, 1964 in Brownsburg, Indiana.

Please inform me if any problem will exist in the recording of this license, or if any other steps must be taken to have this license recorded.

Thank you for your consideration.

J Joseph Lefkovitz

J Joseph Lefkovitz
313 Otterbein Avenue
Dayton, Ohio 45406

Accepted per
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CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana,
County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

above statements are true. Hardshell, Ky.

State of Indiana,
County of HENDRICKS } ss:

Signed.....Father

Signed Margaret Allen Mother

Subscribed and sworn to before me this 23 day of Sept., 1964

Claude Hughes Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the.....County.....Court by written order issued.....and filed in.....authorizes and directs the issuance of a marriage license to the above named parties. 3 day waived J. Wade

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the Hendricks Circuit Court of Indiana dated the 23 day of Sept., 19 64, authorizing the joining together as husband and wife J. Joseph Lefkovitz and.....

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Harold V. Comer hereby certify that on the 23rd day of September, one thousand nine hundred and sixty-four at Brownsburg, County of Hendricks, State of Indiana, Groom J. Joseph Lefkovitz of Montgomery County, State of Indiana, and, Bride Mary Allen of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of Hendricks County.

Dated this 23rd day of September, 19 64.

Signed Harold V. Comer

Official Designation Evangelist

Filed and recorded in accordance with the laws of the State of Indiana this 18 day of May, 19 71.

Signed John Hamblold Jr.
Hendricks Clerk
Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 280

File

Sept 26, 1964
Date of Application

MALE
Medical Examination Report Dated 9-18-64
Name of Physician Robert E. Hales

FEMALE
Medical Examination Report Dated 9-18-64
Name of Physician Robert E. Hales

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry 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 Pearman Last

Date of Birth: Month 9 Day 5 Year 43

Place of Birth (State or foreign country) Clinton Indiana

Residence Address: Street or R. R. North Salem City County Hendricks State Ind.

Previous Marital Status: Never Married ☒ Number of Previous Marriages.....

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race: White ☑ Negro ☐ Other ☐ (specify).....

Usual Occupation Common laborer

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree

☐ Other (Specify) Selective service registration

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☒ Yes ☐
   Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
   If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☒ Yes ☐
5. Are you related to the bride closer than second cousin? No ☒ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
8. Are you able to support a family? Yes ☒ No ☐
9. Are you likely to so continue? Yes ☒ No ☐
10. Do you have minor children from one or more former marriages? No ☐ Yes ☐
    (If yes, answer questions a, b, c)
    (a) List their full names, ages and addresses

Name	Age	Address

    (b) Are you supporting or contributing to their support? Yes ☐ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father Frank Pearman
    Residence of father (if deceased so state) North Salem
    Occupation of father Millwright Race of father White
    Birthplace of father (State or foreign country) Clinton, Indiana
12. Full maiden name of mother Dorothy Douglas
    Residence of mother (if deceased so state) North Salem
    Occupation of mother housewife Race of mother white
    Birthplace of mother (State or foreign country) Clinton, Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed James Pearman

New Address .....

Subscribed and sworn to before me this 26th day of Sept, 19 64.

Claude Hughes Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed .....Father

Signed .....Mother

Subscribed and sworn to before me this .....day of....., 19.....

.....Clerk

FEMALE APPLICANT

Name: First Sharon Middle Hutson Last

Date of Birth: Month 1 Day 15 Year 46

Place of Birth (State or foreign country) Bloomington Ind.

Residence Address: Street or R. R. RR #1 City Brf 76 North Salem (West) County State Ind.

Maiden Name if Different Sharon Gaines

Previous Marital Status: Never Married ☐ Number of Previous Marriages 1

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

Color or Race: White ☐ Negro ☐ Other ☐ (specify).....

Usual Occupation —

Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree

☐ Other (Specify).....

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☒ Yes ☐
   Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you afflicted with a transmissible disease? No ☒ Yes ☐
4. Are you related to the groom closer than second cousin? No ☒ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
7. Full name of father Danny E Gaines
   Residence of father (if deceased so state) RR# North Salem
   Occupation of father former Race of father white
   Birthplace of father (State or foreign country) Lebanon, Ind.
8. Full maiden name of mother Lois Marie Arnold
   Residence of mother (if deceased so state) RR# North Salem
   Occupation of mother housewife Race of mother white
   Birthplace of mother (State or foreign country) Bloomington

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Sharon Hutson

New Address .....

Subscribed and sworn to before me this 26th day of Sept, 19 64.

Claude Hughes Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed .....Father

Signed .....Mother

Subscribed and sworn to before me this .....day of....., 19.....

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the .....County.....Court by written order issued.....and filed in.....authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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* Sept. *,* 64 *, authorizing the joining together as husband and wife* James Pearman *and* Sharon Hutson

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Robert C. Alexander *hereby certify that on the* 2 *day of* October *, one thousand nine hundred and* 64 *at* Groveland *, County of* Putnam *, State of Indiana; Groom* James Pearman *of* Hendricks *County, State of* Indiana *, and, Bride* Sharon Huston *of* Hendricks *County, State of* Indiana *, were by me united 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* September *,* 19 64 .

Signed Robert C. Alexander

Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 6 *day of* October *,* 19 64 .

Signed Claude Hughes *Clerk*

Hendricks *Circuit Court*

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Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 281

File

Sept 26, 1964
Date of Application

MALE
Medical Examination Report Dated 9-17-64

Name of Physician Dr. John Elliott

FEMALE
Medical Examination Report Dated 9-17-64

Name of Physician Dr John Elliott

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry 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 Boland Last Walton

Date of Birth: Month 1 Day 2 Year 34

Place of Birth (State or foreign country) Coatesville

Residence Address: Street or R. R. Coatesville City Coatesville County Hendricks State Ind.

Previous Marital Status: Never Married ☐ Number of Previous Marriages 1

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

Color or Race: White ☑ Negro ☐ Other ☐ (specify)

Usual Occupation Crane operator

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree

☐ Other (Specify) selective service

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☒ Yes ☐
   Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
   If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☒ Yes ☐
5. Are you related to the bride closer than second cousin? No ☒ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
8. Are you able to support a family? Yes ☒ No ☐
9. Are you likely to so continue? Yes ☒ No ☐
10. Do you have minor children from one or more former marriages? No ☐ Yes ☒
    (If yes, answer questions a, b, c)
    (a) List their full names, ages and addresses

Name	Age	Address
Billy Jr Walton	8	Cloverdale, Ind.
Marilu [illegible] Johnson	9	Coatesville, Ind.

    (b) Are you supporting or contributing to their support? Yes ☒ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☒ No ☐
11. Full name of father Leonard Walton
    Residence of father (if deceased so state) Coatesville
    Occupation of father retired Race of father white
    Birthplace of father (State or foreign country) Coatesville
12. Full maiden name of mother Dorothy Mae Bierman
    Residence of mother (if deceased so state) Coatesville
    Occupation of mother telephone operator Race of mother white
    Birthplace of mother (State or foreign country) Pennsylvania

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed James Roland Walton

New Address

Subscribed and sworn to before me this 26th day of Sept, 19 64

Claude Hughes Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

FEMALE APPLICANT

Name: First Vera Middle Jean Last Jellison

Date of Birth: Month 7 Day 23 Year 44

Place of Birth (State or foreign country) Kentucky

Residence Address: Street or R. R. RR # 2 City Brookdale County Putnam State Ind

Maiden Name if Different

Previous Marital Status: Never Married ☑ Number of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race: White ☑ Negro ☐ Other ☐ (specify)

Usual Occupation machine operator

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree

☐ Other (Specify) Driver license

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☒ Yes ☐
   Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you afflicted with a transmissible disease? No ☒ Yes ☐
4. Are you related to the groom closer than second cousin? No ☒ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
7. Full name of father Eddie Edwin Jellison
   Residence of father (if deceased so state) Brookdale, Ind.
   Occupation of father auto mechanic Race of father white
   Birthplace of father (State or foreign country) Kentucky
8. Full maiden name of mother Linda Belle Day
   Residence of mother (if deceased so state) Brookdale
   Occupation of mother housewife Race of mother white
   Birthplace of mother (State or foreign country) Kentucky

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Vera Jean Jellison

New Address

Subscribed and sworn to before me this 26th day of Sept, 19 64

Claude Hughes Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the ..... County ..... Court by written order issued ..... and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* ..... *Circuit Court of Indiana dated the* 3 *day of* October, 19 64, *authorizing the joining together as husband and wife* James Roland Walton *and* Vera Jean Jellison.

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Harris King, *hereby certify that on the* 3rd *day of* October, *one thousand nine hundred and* 64, *at* Coatesville, *County of* Hendricks, *State of Indiana, Groom* James Roland Walton *of* Hendricks *County, State of* Indiana, *and, Bride* Vera Jean Jellison *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 3 *day of* October, 19 64.

Signed Harris King

Official Designation Methodist Minister

Filed and recorded in accordance with the laws of the State of Indiana this 7 *day of* October, 1964.

Signed Claude Hughes *Clerk*

Hendricks *Circuit Court*

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 282

File

Sept 26, 1964
Date of Application

MALE
Medical Examination Report Dated 9-11-64
Name of Physician Lloyd Terry

FEMALE
Medical Examination Report Dated 9-11-64
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 Larry Middle B. Last Walker

Date of Birth: Month 1 Day 6 Year 41

Place of Birth (State or foreign country): California

Residence Address: Street or R. R. 6789 W. 13th City Speedway County Marion State Ind.

Previous Marital Status: Never Married ☒ Number of Previous Marriages.....

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race: White ☒ Negro ☐ Other ☐ (specify).....

Usual Occupation: Sales engineer

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) driver license

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☒ Yes ☐
   Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
   If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☒ Yes ☐
5. Are you related to the bride closer than second cousin? No ☒ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
8. Are you able to support a family? Yes ☒ No ☐
9. Are you likely to so continue? Yes ☒ No ☐
10. Do you have minor children from one or more former marriages? No ☐ Yes ☐
    (If yes, answer questions a, b, c)
    (a) List their full names, ages and addresses

Name	Age	Address

    (b) Are you supporting or contributing to their support? Yes ☐ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father Lloyd Hamilton Walker
    Residence of father (if deceased so state) California
    Occupation of father farmer Race of father white
    Birthplace of father (State or foreign country) Arkansas
12. Full maiden name of mother Helen Juanita Wyatt
    Residence of mother (if deceased so state) California
    Occupation of mother housewife Race of mother white
    Birthplace of mother (State or foreign country)

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Larry B. Walker

New Address

Subscribed and sworn to before me this 26th day of Sept, 19 64

Claude Hughes Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of ..... } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

FEMALE APPLICANT

Name: First Judith Middle A. Last Derbyshire

Date of Birth: Month 10 Day 18 Year 44

Place of Birth (State or foreign country) Indiana

Residence Address: Street or R. R. RR #2 City Box 265 Plainfield County (Hend.) State Ind

Maiden Name if Different

Previous Marital Status: Never Married ☒ Number of Previous Marriages.....

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race: White ☒ Negro ☐ Other ☐ (specify).....

Usual Occupation machine operator

Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree
☐ Other (Specify).....

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☒ Yes ☐
   Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you afflicted with a transmissible disease? No ☒ Yes ☐
4. Are you related to the groom closer than second cousin? No ☒ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
7. Full name of father John Walter Dale Derbyshire
   Residence of father (if deceased so state) Plainfield, Ind.
   Occupation of father Engineer Race of father white
   Birthplace of father (State or foreign country) Indiana
8. Full maiden name of mother Mabel Mae Bryant
   Residence of mother (if deceased so state) Plainfield Ind.
   Occupation of mother housewife Race of mother white
   Birthplace of mother (State or foreign country) Indiana Ind.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Judith A. Derbyshire

New Address

Subscribed and sworn to before me this 26th day of Sept, 19 64

Claude Hughes Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the .....County.....Court by written order issued.....and filed in.....authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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* September, 19 64, *authorizing the joining together as husband and wife* Larry B. Walker *and* Judith A. Derbyshire

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Martin Dawson, *hereby certify that on the* 2nd *day of* October, *one thousand nine hundred and* 64 *at* Plainfield, *County of* Hendricks *State of Indiana, Groom* Larry B. Walker *of* Hendricks *County, State of* Indiana, *and, Bride* Judith A. Derbyshire *of* Hendricks *County, State of* Indiana, *were by me united 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* October, 19 64.

Signed Martin Dawson

Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 5 *day of* October, 19 64.

Signed Claude Hughes *Clerk*

Hendricks *Circuit Court*

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 283

File

Sept 26, 1964
Date of Application

MALE
Medical Examination Report Dated 9-17-64

Name of Physician Dr. John E Ellett

FEMALE
Medical Examination Report Dated 9-17-64

Name of Physician Dr. John E 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: First Benny Middle M. Last Hersey

Date of Birth: Month 6 Day 15 Year 45

Place of Birth (State or foreign country) Greenastle

Residence Address: Street or R. R. RR #1 City Coatesville County Hendricks State Ind.

Previous Marital Status: Never Married [X] Number of Previous Marriages.....

Last Marriage Ended By: Death [ ] Divorce [ ] Annulment [ ]

Color or Race: White [X] Negro [ ] Other [ ] (specify).....

Usual Occupation Construction

Date of birth verified by: [ ] Birth Cert. [ ] Judicial Decree

[ ] Other (Specify) Selective service

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No [X] Yes [ ]
   Of Unsound Mind? No [X] Yes [ ]
2. Are you under guardianship as a person of unsound mind? No [X] Yes [ ]
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No [X] Yes [ ]
   If answer to 3 is "yes" has the cause of such condition been removed? No [X] Yes [ ]
4. Are you afflicted with a transmissible disease? No [X] Yes [ ]
5. Are you related to the bride closer than second cousin? No [X] Yes [ ]
6. Are you now under the influence of intoxicating liquor? No [X] Yes [ ]
7. Are you now under the influence of a narcotic drug? No [X] Yes [ ]
8. Are you able to support a family? Yes [X] No [ ]
9. Are you likely to so continue? Yes [X] No [ ]
10. Do you have minor children from one or more former marriages? No [ ] Yes [ ]
    (If yes, answer questions a, b, c)
    (a) List their full names, ages and addresses

    Name Age Address

    (b) Are you supporting or contributing to their support? Yes [ ] No [ ]
    (c) Are you complying with any court order or orders issued for their support? Yes [ ] No [ ]
11. Full name of father Theodore Kersey
    Residence of father (if deceased so state) Coatesville
    Occupation of father farmer Race of father white
    Birthplace of father (State or foreign country) Ann, Ind.
12. Full maiden name of mother Esta Elaine Singleton
    Residence of mother (if deceased so state) Coatesville
    Occupation of mother housewife Race of mother white
    Birthplace of mother (State or foreign country) Walnut Co.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Benny M Kersey

New Address.....

Subscribed and sworn to before me this 26th day of Sept, 19 64.

Claude Hughes Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed Theodore Kersey Father

Signed Esta Kersey Mother

Subscribed and sworn to before me this 26th day of Sept, 19 64.

Claude Hughes Clerk

FEMALE APPLICANT

Name: First Diana Middle K. Last Johnson

Date of Birth: Month 6 Day 19 Year 46

Place of Birth (State or foreign country) Hadley Ind.

Residence Address: Street or R. R. City Coatesville County (Wed.) State Ind.

Maiden Name if Different

Previous Marital Status: Never Married [X] Number of Previous Marriages.....

Last Marriage Ended By: Death [ ] Divorce [ ] Annulment [ ]

Color or Race: White [X] Negro [ ] Other [ ] (specify).....

Usual Occupation —

Date of birth verified by: [X] Birth Cert. [ ] Judicial Decree

[ ] Other (Specify).....

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No [X] Yes [ ]
   Of Unsound Mind? No [X] Yes [ ]
2. Are you under guardianship as a person of unsound mind? No [X] Yes [ ]
3. Are you afflicted with a transmissible disease? No [X] Yes [ ]
4. Are you related to the groom closer than second cousin? No [X] Yes [ ]
5. Are you now under the influence of intoxicating liquor? No [X] Yes [ ]
6. Are you now under the influence of a narcotic drug? No [X] Yes [ ]
7. Full name of father Sidney Johnson
   Residence of father (if deceased so state) ~~Coatesville~~ Mooresville
   Occupation of father farmer Race of father white
   Birthplace of father (State or foreign country) Kentucky
8. Full maiden name of mother ~~Martha Hughes~~ Grayce Stevens
   Residence of mother (if deceased so state) ~~Coatesville~~ Mooresville
   Occupation of mother housewife Race of mother white
   Birthplace of mother (State or foreign country) Morgan Co.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Diana Johnson

New Address.....

Subscribed and sworn to before me this 26th day of Sept, 19 64.

Claude Hughes Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the

.....County.....Court by written order issued.....and filed

in.....authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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* Sept., 19 64, *authorizing the joining together as husband and wife* Benny M Kersey *and* Diana K Johnson

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Harris King, *hereby certify that on the* 3 *day of* October, *one thousand nine hundred and* 64 *at* Coatesville, *County of* Hendricks, *State of Indiana, Groom* Benny M. Kersey *of* Hendricks *County, State of* Indiana, *and, Bride* Diana K. Johnson *of* Hendricks *County, State of* Indiana, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* Hendricks *County.*

Dated this 30 *day of* September, 19 64.

Signed Harris King

Official Designation Methodist Minister

Filed and recorded in accordance with the laws of the State of Indiana this 7 *day of* October, 19 64.

Signed Claude Hughes Clerk

Hendricks Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 284

File

Sept 26, 1964
Date of Application

MALE
Medical Examination Report Dated 9-17-64
Name of Physician William M. Dugan

FEMALE
Medical Examination Report Dated 9-17-64
Name of Physician William M. Dugan

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First: William Middle: [illegible] Last: Ferguson

Date of Birth: Month: 7 Day: 1 Year: 36

Place of Birth (State or foreign country): Indpls. Ind.

Residence Address: 444 Street or R. R.: Western City: Hamill Dist. County: [illegible] State: Ind.

Previous Marital Status: Never Married ☐ Number of Previous Marriages: 1

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

Color or Race: White ☑ Negro ☐ Other ☐ (specify)

Usual Occupation: allison r

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☐ Other (Specify): drivers license

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☒ Yes ☐
   Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☐ Yes ☐
   If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☒ Yes ☐
5. Are you related to the bride closer than second cousin? No ☒ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
8. Are you able to support a family? Yes ☒ No ☐
9. Are you likely to so continue? Yes ☒ No ☐
10. Do you have minor children from one or more former marriages? No ☐ Yes ☐
    (If yes, answer questions a, b, c)
    (a) List their full names, ages and addresses

Name	Age	Address
Kim Denise Ferguson	8	Indpls.

    (b) Are you supporting or contributing to their support? Yes ☒ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☒ No ☐
11. Full name of father: Damon Ferguson
    Residence of father (if deceased so state): Hamill, Ind.
    Occupation of father: (rep.) allison r Race of father: white
    Birthplace of father (State or foreign country): St. Thomas, Canada
12. Full maiden name of mother: Mary Dawson Marshall
    Residence of mother (if deceased so state): Hamill, Ind.
    Occupation of mother: abstractor's office Race of mother: white
    Birthplace of mother (State or foreign country): Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed: William Ferguson

New Address:

Subscribed and sworn to before me this 26th day of Sept, 19 64

Claude Hughes Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed: Father

Signed: Mother

Subscribed and sworn to before me this day of, 19

Clerk

FEMALE APPLICANT

Name: First: Carolyn Middle: [illegible] Last: Pennington

Date of Birth: Month: 1 Day: 25 Year: 37

Place of Birth (State or foreign country): Indpls. Ind.

Residence Address: 4507 Street or R. R.: Patricia City: Indpls County: Marion State: Ind.

Maiden Name if Different: carolyn Stone

Previous Marital Status: Never Married ☐ Number of Previous Marriages: 2

Last Marriage Ended By: Death ☑ Divorce ☐ Annulment ☐

Color or Race: White ☑ Negro ☐ Other ☐ (specify)

Usual Occupation: typist

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☐ Other (Specify): drivers license

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☒ Yes ☐
   Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you afflicted with a transmissible disease? No ☒ Yes ☐
4. Are you related to the groom closer than second cousin? No ☒ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
7. Full name of father: William Maurice Stone
   Residence of father (if deceased so state): Indpls.
   Occupation of father: [illegible] Race of father: white
   Birthplace of father (State or foreign country): Indpls.
8. Full maiden name of mother: I. Louise Connie
   Residence of mother (if deceased so state): Indpls.
   Occupation of mother: housewife Race of mother: white
   Birthplace of mother (State or foreign country): Johnson county

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed: Carolyn Pennington

New Address:

Subscribed and sworn to before me this 26th day of Sept, 19 64

Claude Hughes Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed: Father

Signed: Mother

Subscribed and sworn to before me this day of, 19

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the County Court by written order issued and filed in authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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 September, 19 64, authorizing the joining together as husband and wife William Ferguson and Carolyn Pennington

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Ashley H. Book hereby certify that on the 2nd day of October, one thousand nine hundred and 64 at Indianapolis, County of Hendricks, State of Indiana, Groom Wilbur Ferguson of Hendricks County, State of Indiana, and, Bride Carolyn Pennington of Marion County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of Hendricks County.

Dated this 3 day of October, 19 64.

Signed: Ashley H. Book

Official Designation: Minister

Filed and recorded in accordance with the laws of the State of Indiana this 5 day of October, 19 64

Signed: Claude Hughes Clerk
Hendricks Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 385

File

Sept 28-1964
Date of Application

MALE
Medical Examination Report Dated Sept. 9-1964
Name of Physician Laurence A Bailey M.D.

FEMALE
Medical Examination Report Dated Sept 9-1964
Name of Physician Laurence A Bailey M.D.

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Robert Middle Forest Last Flemsang

Date of Birth: Month Dec Day 20 Year 1944

Place of Birth (State or foreign country) Indianapolis Ind.

Residence Address 120 E main Street or R. R. Plainfield City (Hend.) County Ind. State

Previous Marital Status: Never Married ☒ Number of Previous Marriages.....

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race White ☒ Negro ☐ Other ☐ (specify).....

Usual Occupation Maintenance

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) Selective Service Card

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☒ Yes ☐
   Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
   If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☒ Yes ☐
5. Are you related to the bride closer than second cousin? No ☒ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
8. Are you able to support a family? Yes ☒ No ☐
9. Are you likely to so continue? Yes ☒ No ☐
10. Do you have minor children from one or more former marriages? No ☐ Yes ☐
    (If yes, answer questions a, b, c)
    (a) List their full names, ages and addresses

    Name Age Address

    (b) Are you supporting or contributing to their support? Yes ☐ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father John R Flemsang
    Residence of father (if deceased so state) Plainfield
    Occupation of father Internal Grinder Race of father W
    Birthplace of father (State or foreign country) Ohio
12. Full maiden name of mother Edwin Mae Weise
    Residence of mother (if deceased so state) unknown
    Occupation of mother unknown Race of mother W
    Birthplace of mother (State or foreign country) Kentucky

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Robert Forest Flemsang

New Address.....

Subscribed and sworn to before me this 28 day of Sept., 1964

Claude Hughes Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary Divorced from Mother 2 Boy by Court Decree have full Custody

State of Indiana, County of HENDRICKS } ss:

Signed John R Flemsang Father

Signed..... Mother

Subscribed and sworn to before me this 28 day of Sept., 1964

Claude Hughes Clerk

FEMALE APPLICANT

Name: First Cynthia Middle Lucille Last Weis

Date of Birth: Month Sept Day 8 Year 1946

Place of Birth (State or foreign country) Lebanon Ind.

Residence Address R 2 Street or R. R. Brownsburg City (Hend) County Ind. State

Maiden Name if Different

Previous Marital Status: Never Married ☒ Number of Previous Marriages.....

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race White ☒ Negro ☐ Other ☐ (specify).....

Usual Occupation none

Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree
☐ Other (Specify).....

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☒ Yes ☐
   Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you afflicted with a transmissible disease? No ☒ Yes ☐
4. Are you related to the groom closer than second cousin? No ☒ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
7. Full name of father Alan Lee Weis
   Residence of father (if deceased so state) Brownsburg R2
   Occupation of father Rigger Rock Island Race of father W
   Birthplace of father (State or foreign country) Indiana
8. Full maiden name of mother Doris Lucille Brooks
   Residence of mother (if deceased so state) Brownsburg
   Occupation of mother housewife Race of mother W
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Cynthia Lucille Weis

New Address.....

Subscribed and sworn to before me this 28 day of Sept., 1964

Claude Hughes Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the.....County.....Court by written order issued.....and filed in.....authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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* October, 1964, *authorizing the joining together as husband and wife* Robert Forest Flemsang *and* Cynthia Lucille Weis
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, R. B. Pickard *hereby certify that on the* 3rd *day of* October, *one thousand nine hundred and* 64, *at* Danville, *County of* Hendricks, *State of Indiana, Groom* Robert Forest Flemsang *of* Hendricks *County, State of* Indiana *and, Bride* Cynthia Lucille Weis *of* Hendricks *County, State of* Indiana, *were by me united 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* October, 19 64

Signed R. B. Pickard
Official Designation J. P.

Filed and recorded in accordance with the laws of the State of Indiana this 6 *day of* October, 19 64

Signed Claude Hughes Clerk
Hendricks Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 286

File

Oct 2-1964
Date of Application

MALE
Medical Examination Report Dated 9-29-64
Name of Physician Carl L. Heinlein M.D.

FEMALE
Medical Examination Report Dated 9-29-64
Name of Physician Carl L Heinlein M.D.

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Hawkin Middle C Last Surber

Date of Birth: Month March Day 10 Year 1907

Place of Birth (State or foreign country): Burnside Kentucky

Residence Address: Street or R. R. Box 193 City Plainfield County Hend. State

Previous Marital Status: Never Married ☐ Number of Previous Marriages Twice

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

Color or Race: White ☒ Negro ☐ Other ☐ (specify)

Usual Occupation machinist

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) Drivers License

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☒ Yes ☐
   Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
   If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☒ Yes ☐
5. Are you related to the bride closer than second cousin? No ☒ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
8. Are you able to support a family? Yes ☒ No ☐
9. Are you likely to so continue? Yes ☒ No ☐
10. Do you have minor children from one or more former marriages? No ☐ Yes ☐
    (If yes, answer questions a, b, c)
    (a) List their full names, ages and addresses

Name	Age	Address
none		

    (b) Are you supporting or contributing to their support? Yes ☐ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father James A Surber
    Residence of father (if deceased so state) Deceased
    Occupation of father — Race of father W
    Birthplace of father (State or foreign country) Kentucky
12. Full maiden name of mother Eunice Elizabeth Wyatland
    Residence of mother (if deceased so state) Deceased
    Occupation of mother — Race of mother W
    Birthplace of mother (State or foreign country) Kansas

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Hawkin C. Surber

New Address

Subscribed and sworn to before me this 2 day of October, 1964

Claude Hughes Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

FEMALE APPLICANT

Name: First Patsy Middle Ruth Last Roy

Date of Birth: Month March Day 17 Year 1932

Place of Birth (State or foreign country): Knox County Ind.

Residence Address: Street or R. R. Amo City County State Ind.

Maiden Name if Different Patsy Blubaum

Previous Marital Status: Never Married ☐ Number of Previous Marriages once

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

Color or Race: White ☒ Negro ☐ Other ☐ (specify)

Usual Occupation housewife

Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree
☐ Other (Specify)

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☒ Yes ☐
   Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you afflicted with a transmissible disease? No ☒ Yes ☐
4. Are you related to the groom closer than second cousin? No ☒ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
7. Full name of father Paul Edward Blubaum
   Residence of father (if deceased so state) Vincennes, Ind.
   Occupation of father County Emplby Race of father W
   Birthplace of father (State or foreign country) Indiana
8. Full maiden name of mother Mary Lillian Vessels
   Residence of mother (if deceased so state) Deceased
   Occupation of mother — Race of mother W
   Birthplace of mother (State or foreign country) Missouri

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Patsy Ruth Roy

New Address

Subscribed and sworn to before me this 2nd day of October, 1964

Claude Hughes Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the ..... County ..... Court by written order issued ..... and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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 October, 1964, authorizing the joining together as husband and wife Hawkin C. Surber and Patsy Ruth Roy

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Everett V. Smock hereby certify that on the 10th day of October, one thousand nine hundred and 64 at Rosedale, County of Hendricks, State of Indiana, Groom Hawkins C. Surber of Hendricks County, State of Indiana, and, Bride Patsy Ruth Roy of Hendricks County, State of Indiana, were by me united 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 October, 1964.

Signed Everett V. Smock

Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 13 day of October, 1964

Signed Claude Hughes Clerk
Hendricks Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 287

File

Oct 2-1964
Date of Application

MALE
Medical Examination Report Dated Sept 21-1964
Name of Physician David B Haggard MD.

FEMALE
Medical Examination Report Dated Sept 21-1964
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 Paul Middle B. Last Milhous

Date of Birth: Month May Day 13 Year 1938

Place of Birth (State or foreign country) Indianapolis Ind.

Residence Address: Street or R. R. 403 Wabash City Plainfield (Hnd.) County State Ind.

Previous Marital Status: Never Married ☒ Number of Previous Marriages.....

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race: White ☒ Negro ☐ Other ☐ (specify).....

Usual Occupation Self Employed

Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree

☐ Other (Specify).....

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☒ Yes ☐
   Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
   If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☒ Yes ☐
5. Are you related to the bride closer than second cousin? No ☒ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
8. Are you able to support a family? Yes ☒ No ☐
9. Are you likely to so continue? Yes ☒ No ☐
10. Do you have minor children from one or more former marriages? No ☐ Yes ☐
    (If yes, answer questions a, b, c)
    (a) List their full names, ages and addresses

    Name Age Address

    (b) Are you supporting or contributing to their support? Yes ☐ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father David K Milhous
    Residence of father (if deceased so state) Plainfield
    Occupation of father Mechanic Race of father W
    Birthplace of father (State or foreign country) Indiana
12. Full maiden name of mother Ruth Evelyn Ballard
    Residence of mother (if deceased so state) Plainfield
    Occupation of mother Merchants Bank + Trust Race of mother W
    Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Paul B. Milhous

New Address 403 Wabash St. - Plainfield, Ind.

Subscribed and sworn to before me this 2 day of October, 1964.

Claude Hughes Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

FEMALE APPLICANT

Name: First Alice Middle Marie Last Lang

Date of Birth: Month July Day 15 Year 1944

Place of Birth (State or foreign country) Mishawaka Ind.

Residence Address: Street or R. R. R#2 Box 7 City Indianapolis (Hendricks) County State Ind.

Maiden Name if Different

Previous Marital Status: Never Married ☒ Number of Previous Marriages.....

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race: White ☒ Negro ☐ Other ☐ (specify).....

Usual Occupation Audit Clerk Lake Central Airlines

Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree

☐ Other (Specify).....

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☒ Yes ☐
   Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you afflicted with a transmissible disease? No ☒ Yes ☐
4. Are you related to the groom closer than second cousin? No ☒ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
7. Full name of father Antone P Lang
   Residence of father (if deceased so state) Union Michigan
   Occupation of father Farmer Race of father W
   Birthplace of father (State or foreign country) Indiana
8. Full maiden name of mother Anna Theresa K Horbath
   Residence of mother (if deceased so state) Union Michigan
   Occupation of mother Housewife Race of mother W
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Alice Marie Lang

New Address 403 Wabash St. - Plainfield, Ind.

Subscribed and sworn to before me this 2 day of Oct, 1964.

Claude Hughes Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the .....County.....Court by written order issued.....and filed in.....authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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 October, 1964, authorizing the joining together as husband and wife Paul B Milhous and Alice Marie Lang

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Rev. Max Metcalf hereby certify that on the 10 day of October, one thousand nine hundred and 64 at Plainfield, County of Hendricks, State of Indiana, Groom Paul B. Milhous of Hendricks County, State of Indiana, and, Bride Alice M Long of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of Hendricks County.

Dated this 10 day of October, 1964.

Signed Rev. Max Metcalf

Official Designation Pastor

Filed and recorded in accordance with the laws of the State of Indiana this 14 day of October, 1964.

Signed Claude Hughes Clerk

Hendricks Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 288

File

Oct 2, 1964
Date of Application

MALE
Medical Examination Report Dated Sep 30 1964
Name of Physician W. C. Stafford, M.D.

FEMALE
Medical Examination Report Dated Sept 30 1964
Name of Physician W. C. Stafford 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 Young Middle Lovejoy, Jr Last

Date of Birth: Month 11 Day 14 Year 1922

Place of Birth (State or foreign country) Montgomery, Ala.

Residence Address: Street or R. R. 152 Linden City Plainfield County Hend. State Ind.

Previous Marital Status: Never Married ☐ Number of Previous Marriages 1

Last Marriage Ended By: Death ☑ Divorce ☐ Annulment ☐

Color or Race: White ☐ Negro ☑ Other ☐ (specify)

Usual Occupation Preacher

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☑ Other (Specify) Looks - grey hair

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☑ Yes ☐
   If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☑ Yes ☐
5. Are you related to the bride closer than second cousin? No ☑ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
8. Are you able to support a family? Yes ☑ No ☐
9. Are you likely to so continue? Yes ☑ No ☐
10. Do you have minor children from one or more former marriages? No ☑ Yes ☐
    (If yes, answer questions a, b, c)
    (a) List their full names, ages and addresses

Name	Age	Address

    (b) Are you supporting or contributing to their support? Yes ☐ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father Young Lovejoy, Sr.
    Residence of father (if deceased so state) deceased
    Occupation of father farmer Race of father negro
    Birthplace of father (State or foreign country) Montgomery, Ala
12. Full maiden name of mother Sarah P Lewis
    Residence of mother (if deceased so state) Elmore Co., Ala.
    Occupation of mother housewife Race of mother Negro
    Birthplace of mother (State or foreign country) Montgomery, Ala.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Young Lovejoy Jr

New Address

Subscribed and sworn to before me this 2 day of October, 19 64

Claude Hughes Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

FEMALE APPLICANT

Name: First Ella Middle mae Last Williams

Date of Birth: Month 12 Day 15 Year 1919

Place of Birth (State or foreign country) Indianapolis Ind.

Residence Address: Street or R. R. 152 Linden City Plainfield County Hend. State Ind.

Maiden Name if Different

Previous Marital Status: Never Married ☐ Number of Previous Marriages 1

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

Color or Race: White ☐ Negro ☑ Other ☐ (specify)

Usual Occupation —

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☑ Other (Specify) looks greying hair

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
7. Full name of father William Henry Williams
   Residence of father (if deceased so state) deceased
   Occupation of father laborer Race of father negro
   Birthplace of father (State or foreign country) Kentucky
8. Full maiden name of mother Ella Kemp
   Residence of mother (if deceased so state) 2045 Columbia Indpls, Ind.
   Occupation of mother housewife Race of mother White
   Birthplace of mother (State or foreign country) Indpls, Ind.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Ella Mae Williams

New Address

Subscribed and sworn to before me this 2 day of October, 19 64

Claude Hughes Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the ..... County ..... Court by written order issued ..... and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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* Oct, 19 64, *authorizing the joining together as husband and wife* Young Lovejoy, Jr. *and* Ella Mae Williams

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, R. B. Pickard *hereby certify that on the* 9 *day of* October, *one thousand nine hundred and* 64 *at* Danville, *County of* Hendricks, *State of Indiana, Groom* Young Lovejoy, Jr. *of* Hendricks *County, State of* Indiana *and, Bride* Ella Mae Williams *of* Hendricks *County, State of* Indiana, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* Hendricks *County.*

Dated this 10 *day of* October, 19 64.

Signed R. B. Pickard

Official Designation J. P.

Filed and recorded in accordance with the laws of the State of Indiana this 10 *day of* October, 19 64.

Signed Claude Hughes Clerk

Hendricks Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 289

File

Oct 3 1964
Date of Application

MALE
Medical Examination Report Dated Oct 2, 1964
Name of Physician W.C. Stafford, M.D.

FEMALE
Medical Examination Report Dated Oct 2, 1964
Name of Physician W.C. Stafford

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Ronald Middle Brault Last

Date of Birth: Month Aug Day 26 Year 1943

Place of Birth (State or foreign country) Warsaw, Ind.

Residence Address: Street or R. R. R#3 Box 401 City Plainfield County Hend. State Ind.

Previous Marital Status: Never Married ☑ Number of Previous Marriages.....

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race: White ☑ Negro ☐ Other ☐ (specify).....

Usual Occupation Phillips 66

Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree

☐ Other (Specify).....

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☑ Yes ☐
   If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☑ Yes ☐
5. Are you related to the bride closer than second cousin? No ☑ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
8. Are you able to support a family? Yes ☑ No ☐
9. Are you likely to so continue? Yes ☑ No ☐
10. Do you have minor children from one or more former marriages? No ☐ Yes ☐
    (If yes, answer questions a, b, c)
    (a) List their full names, ages and addresses

Name	Age	Address

(b) Are you supporting or contributing to their support? Yes ☐ No ☐
(c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐

11. Full name of father Robert Leo Brault
    Residence of father (if deceased so state) deceased
    Occupation of father..... Race of father white
    Birthplace of father (State or foreign country) Warsaw, Ind.
12. Full maiden name of mother Lucille Vevay Aspaugh
    Residence of mother (if deceased so state) Plainfield, Ind.
    Occupation of mother — Race of mother white
    Birthplace of mother (State or foreign country) Warsaw, Ind.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Ronald Brault

New Address.....

Subscribed and sworn to before me this 3 day of October, 1964.

Claude Hughes Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

FEMALE APPLICANT

Name: First Judy Middle Gayle Last Bodenhamer

Date of Birth: Month Dec Day 17 Year 1944

Place of Birth (State or foreign country) Hendricks County, Ind.

Residence Address: Street or R. R. RR#2 Box 54 City Indps, County Hendricks State Ind.

Maiden Name if Different

Previous Marital Status: Never Married ☑ Number of Previous Marriages.....

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race: White ☑ Negro ☐ Other ☐ (specify).....

Usual Occupation Allison's

Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree

☑ Other (Specify) Drivers License

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☐ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
7. Full name of father Marion Harold Bodenhamer
   Residence of father (if deceased so state) Indps, Ind
   Occupation of father farmer Race of father white
   Birthplace of father (State or foreign country) Indiana
8. Full maiden name of mother Katherine Imogene Miller
   Residence of mother (if deceased so state) Indps, Ind
   Occupation of mother housewife Race of mother white
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Judy Gayle Bodenhamer

New Address.....

Subscribed and sworn to before me this 3 day of October, 1964

Claude Hughes Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the .....County.....Court by written order issued.....and filed in.....authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* Hendricks *Circuit Court of Indiana dated the* 9 *day of* October, 1964 *authorizing the joining together as husband and wife* Ronald Brault *and* Judy Gayle Bodenhamer

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Rev. Donald E. Richards hereby certify that on the 9 day of October, one thousand nine hundred and 64 at Plainfield, County of Hendricks, State of Indiana, Groom Ronald Brault of Hendricks County, State of Indiana, and, Bride Judy Gayle Bodenhamer of Hendricks County, State of Indiana, were by me united 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 October, 1964.

Signed Rev. Donald E. Richards

Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 14 *day of* October, 1964.

Signed Claude Hughes Clerk

Hendricks Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 290
File Book 28
October 5-1964
Date of Application

MALE
Medical Examination Report Dated October 5-1964
Name of Physician Carl L. Weinlein

FEMALE
Medical Examination Report Dated October 5-1964
Name of Physician Carl L. Weinlein

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Stanley Middle K. Last Hughes
Date of Birth: Month September Day 19 Year 1945
Place of Birth (State or foreign country): Honolulu Hawaii
Residence Address: Street or R. R. Coatesville City Coatesville County Hendricks State Ind.
Previous Marital Status: Never Married ☑ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify).....
Usual Occupation Laborer
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) Drivers License

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☑ Yes ☐
   If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☑ Yes ☐
5. Are you related to the bride closer than second cousin? No ☑ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
8. Are you able to support a family? Yes ☑ No ☐
9. Are you likely to so continue? Yes ☑ No ☐
10. Do you have minor children from one or more former marriages? No ☐ Yes ☐
    (If yes, answer questions a, b, c)
    (a) List their full names, ages and addresses

    Name Age Address

    (b) Are you supporting or contributing to their support? Yes ☐ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father Stanley E. Hughes
    Residence of father (if deceased so state) Coatesville Indiana
    Occupation of father Laborer Race of father W
    Birthplace of father (State or foreign country) Indianapolis Ind.
12. Full maiden name of mother Jade Macomber
    Residence of mother (if deceased so state) Coatesville Ind.
    Occupation of mother Housewife Race of mother W.
    Birthplace of mother (State or foreign country) Wild Hawaii

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Stanley K. Hughes
New Address.....

Subscribed and sworn to before me this 5 day of October, 19 64
Claude Hughes. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:
Signed Stanley E. Hughes Father
Signed Jade Hughes Mother
Subscribed and sworn to before me this 5 day of October, 19 64.
Claude Hughes. Clerk

FEMALE APPLICANT

Name: First Donna Middle Lee Last Dillon
Date of Birth: Month January Day 20 Year 1946
Place of Birth (State or foreign country): Greencastle Putnam Co. Ind.
Residence Address: Street or R. R. Coatesville Box 147 City Coatesville County Hendricks State Ind.
Maiden Name if Different
Previous Marital Status: Never Married ☑ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify).....
Usual Occupation Business College Student
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) Drivers License

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
7. Full name of father Mary E. Dillon
   Residence of father (if deceased so state) Coatesville Ind.
   Occupation of father Laborer Race of father W.
   Birthplace of father (State or foreign country) Martinsville Indiana
8. Full maiden name of mother Dorothy Geneva Hazlewood
   Residence of mother (if deceased so state) Coatesville Ind.
   Occupation of mother Housewife Race of mother W.
   Birthplace of mother (State or foreign country) Putnam County Ind.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Donna Lee Dillon
New Address.....

Subscribed and sworn to before me this 5 day of October, 19 64
Claude Hughes. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:
Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day of....., 19.....
.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the .....County.....Court by written order issued.....and filed in.....authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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* October, 1964, *authorizing the joining together as husband and wife* Stanley K. Hughes *and* Donna Lee Dillon

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Harry J. Bailey *hereby certify that on the* 10 *day of* October, *one thousand nine hundred and* 64 *at* Hazelwood Baptist Church, *County of* Hendricks, *State of Indiana, Groom* Stanley K. Hughes *of* Hendricks *County, State of* Indiana *and, Bride* Donna Lee Dillon *of* Hendricks *County, State of* Indiana, *were by me united 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* October, 19 64.

Signed Harry J. Bailey
Official Designation.....

Filed and recorded in accordance with the laws of the State of Indiana this 13 *day of* October, 19 64.

Signed Claude Hughes Clerk
Hendricks Circuit Court

102

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 291

File

Oct 7, 1964
Date of Application

MALE
Medical Examination Report Dated Oct 7, 1964
Name of Physician Robert W. Kirtley, M.D.

FEMALE
Medical Examination Report Dated Oct 7, 1964
Name of Physician Robert W. Kirtley, M.D.

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Donald Middle Faye Last Keck

Date of Birth: Month June Day 20 Year 1934

Place of Birth (State or foreign country) Roachdale Ind.

Residence Address: Street or R. R. R.R. 2 Roachdale City Putnam County State Ind.

Previous Marital Status: Never Married ☑ Number of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race: White ☑ Negro ☐ Other ☐ (specify)

Usual Occupation Service

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree

☑ Other (Specify)

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☑ Yes ☐
   If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☑ Yes ☐
5. Are you related to the bride closer than second cousin? No ☑ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
8. Are you able to support a family? Yes ☑ No ☐
9. Are you likely to so continue? Yes ☑ No ☐
10. Do you have minor children from one or more former marriages? No ☐ Yes ☐
    (If yes, answer questions a, b, c)
    (a) List their full names, ages and addresses

    Name Age Address

    (b) Are you supporting or contributing to their support? Yes ☐ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father Hiram Keck
    Residence of father (if deceased so state) deceased
    Occupation of father Race of father White
    Birthplace of father (State or foreign country) Roachdale, Ind
12. Full maiden name of mother Maine Crosby
    Residence of mother (if deceased so state) Roachdale, Ind.
    Occupation of mother housewife Race of mother white
    Birthplace of mother (State or foreign country) Roachdale, Ind.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Donald Faye Keck

New Address

Subscribed and sworn to before me this 7 day of October, 1964

Claude Hughes Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed Father

Signed Mother

Subscribed and sworn to before me this day of , 19

Clerk

FEMALE APPLICANT

Name: First Donna Middle Joan Last Pritchett

Date of Birth: Month Oct Day 5 Year 1932

Place of Birth (State or foreign country) Danville Hendricks Co. Ind.

Residence Address: Street or R. R. R.R. 2 City Danville County Hendricks State Ind.

Maiden Name if Different

Previous Marital Status: Never Married ☑ Number of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race: White ☑ Negro ☐ Other ☐ (specify)

Usual Occupation Secretary

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree

☑ Other (Specify)

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
7. Full name of father Russell L. Pritchett
   Residence of father (if deceased so state) Danville, Ind
   Occupation of father farmer Race of father White
   Birthplace of father (State or foreign country) Danville, Indiana
8. Full maiden name of mother Dorothy Fox
   Residence of mother (if deceased so state) Danville, Ind
   Occupation of mother housewife Race of mother white
   Birthplace of mother (State or foreign country) Danville, Ind.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Donna Joan Pritchett

New Address 1180 Lincoln, Danville Ind.

Subscribed and sworn to before me this 7 day of October, 1964

Claude Hughes Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed Father

Signed Mother

Subscribed and sworn to before me this day 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 Hend. Court by written order issued 3 days waived and filed in authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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* October, 19 64, *authorizing the joining together as husband and wife* Donald Faye Keck *and* Donna Joan Pritchett

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Rev. John Dellacca hereby certify that on the 10 day of October, one thousand nine hundred and 64, at Home of Minister, County of Hendricks, State of Indiana, Groom Donald Faye Keck of Hendricks County, State of Indiana, and, Bride Donna Joan Pritchett of Hendricks County, State of Indiana, were by me united 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 October, 19 64.

Signed Rev. John Dellacca

Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 13 *day of* October, 19 64

Signed Claude Hughes Clerk

Hendricks Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 292

File

Oct 9 1964
Date of Application

MALE
Medical Examination Report Dated Oct 6, 1964
Name of Physician Robert W. Kirtley, M.D.

FEMALE
Medical Examination Report Dated Oct 6, 1964
Name of Physician Robert W. Kirtley, 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 Terry Middle Lee Last Chandler

Date of Birth: Month March Day 5 Year 1945

Place of Birth (State or foreign country) Dallas, Ind.

Residence Address: Street or R. R. R#3 Box 9 City Danville County Hend. State Ind.

Previous Marital Status: Never Married ☑ Number of Previous Marriages.....

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race: White ☑ Negro ☐ Other ☐ (specify).....

Usual Occupation Student

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☑ Other (Specify) Drivers License

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☑ Yes ☐
   If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☑ Yes ☐
5. Are you related to the bride closer than second cousin? No ☑ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
8. Are you able to support a family? Yes ☑ No ☐
9. Are you likely to so continue? Yes ☑ No ☐
10. Do you have minor children from one or more former marriages? No ☑ Yes ☐
    (If yes, answer questions a, b, c)
    (a) List their full names, ages and addresses

Name	Age	Address

    (b) Are you supporting or contributing to their support? Yes ☐ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father Lester M. Chandler
    Residence of father (if deceased so state) R#3 Danville, Ind.
    Occupation of father Truck Operator Race of father White
    Birthplace of father (State or foreign country) Hend. Co. Ind.
12. Full maiden name of mother Mary Louise Stewart
    Residence of mother (if deceased so state) R#3 Danville, Ind.
    Occupation of mother R.C.A. Race of mother White
    Birthplace of mother (State or foreign country) Kentucky

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Terry Lee Chandler

New Address.....

Subscribed and sworn to before me this 9 day of October, 19 64.

Claude Hughes Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed Lester M Chandler Father

Signed Mrs Mary Chandler Mother

Subscribed and sworn to before me this 9 day of October, 19 64.

Claude Hughes Clerk

FEMALE APPLICANT

Name: First Rebecca Middle Sue Last Poynter

Date of Birth: Month March Day 31 Year 1945

Place of Birth (State or foreign country) Greencastle, Ind.

Residence Address: Street or R. R. 10 Brenda Court City Danville County Hend. State Ind.

Maiden Name if Different

Previous Marital Status: Never Married ☑ Number of Previous Marriages.....

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race: White ☑ Negro ☐ Other ☐ (specify).....

Usual Occupation Student

Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify).....

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
7. Full name of father Luther F. Poynter
   Residence of father (if deceased so state) Danville, Ind.
   Occupation of father Insurance Agent Race of father White
   Birthplace of father (State or foreign country) Hend. Co. Indiana
8. Full maiden name of mother Betty June Cummins
   Residence of mother (if deceased so state) Danville, Ind.
   Occupation of mother housewife Race of mother White
   Birthplace of mother (State or foreign country) Hend. Co., Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Rebecca Sue Poynter

New Address.....

Subscribed and sworn to before me this 9 day of October, 19 64.

Claude Hughes Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the .....County.....Court by written order issued.....and filed in.....authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* Hendricks *Circuit Court of Indiana dated the* 9 *day of* October, 19 64, *authorizing the joining together as husband and wife* Terry Lee Chandler *and* Rebecca Sue Poynter

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Conard Clearwaters *hereby certify that on the* 9 *day of* October, *one thousand nine hundred and* 64, *at* Bells Union, *County of* Hendricks, *State of Indiana, Groom* Terry Lee Chandler *of* Hendricks *County, State of* Indiana, *and, Bride* Rebecca Sue Poynter *of* Hendricks *County, State of* Indiana, *were by me united 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* October, 1964.

Signed Conard Clearwaters

Official Designation Reverend

Filed and recorded in accordance with the laws of the State of Indiana this 13 *day of* October, 1964.

Signed Claude Hughes *Clerk*
Hendricks *Circuit Court*

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 293

File

Oct 9-1964
Date of Application

MALE
Medical Examination Report Dated 9-12-64
Name of Physician Walter Mc Mannis M.D.

FEMALE
Medical Examination Report Dated 9-12-64
Name of Physician Walter Mc Mannis 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 Jon Middle — Last Miner

Date of Birth: Month Feb. Day 13 Year 1946

Place of Birth (State or foreign country): Houston Texas

Residence Address: Street or R. R. 5 Taylor Court City Danville County Hend. State Ind.

Previous Marital Status: Never Married ☒ Number of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race: White ☒ Negro ☐ Other ☐ (specify)

Usual Occupation: Construction

Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) Drivers License

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☒ Yes ☐
   Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
   If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☒ Yes ☐
5. Are you related to the bride closer than second cousin? No ☒ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
8. Are you able to support a family? Yes ☒ No ☐
9. Are you likely to so continue? Yes ☒ No ☐
10. Do you have minor children from one or more former marriages? No ☐ Yes ☐
    (If yes, answer questions a, b, c)
    (a) List their full names, ages and addresses

Name	Age	Address

(b) Are you supporting or contributing to their support? Yes ☐ No ☐
(c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐

11. Full name of father Herbert Roy Miner
    Residence of father (if deceased so state) Indianapolis
    Occupation of father Skating Rink Operator Race of father W
    Birthplace of father (State or foreign country) Nebraska
12. Full maiden name of mother Estell Virginia Snyder
    Residence of mother (if deceased so state) Indianapolis
    Occupation of mother Skating Rink Race of mother W
    Birthplace of mother (State or foreign country) Arkansas

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Jon Miner

New Address

Subscribed and sworn to before me this 9 day of Oct., 1964.

Claude Hughes Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed H R Miner Father

Signed Estelle V. Miner Mother

Subscribed and sworn to before me this 9 day of Oct., 1964.

Claude Hughes Clerk

FEMALE APPLICANT

Name: First Wanda Middle — Last Lowry

Date of Birth: Month Aug. Day 12 Year 1945

Place of Birth (State or foreign country): Greencastle Ind.

Residence Address: Street or R. R. 614 S. Whiteoak City Indpls County Marion State Ind.

Maiden Name if Different

Previous Marital Status: Never Married ☒ Number of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race: White ☒ Negro ☐ Other ☐ (specify)

Usual Occupation: None

Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) Drivers License

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☒ Yes ☐
   Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you afflicted with a transmissible disease? No ☒ Yes ☐
4. Are you related to the groom closer than second cousin? No ☒ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
7. Full name of father Frank Lowry
   Residence of father (if deceased so state) unknown
   Occupation of father unknown Race of father W
   Birthplace of father (State or foreign country) Indiana
8. Full maiden name of mother Lenora Allen
   Residence of mother (if deceased so state) Indianapolis
   Occupation of mother Eli Lilly's Race of mother W
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed X Wanda Lowry

New Address

Subscribed and sworn to before me this 9 day of Oct., 1964.

Claude Hughes Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed Father

Signed Mother

Subscribed and sworn to before me this day of , 19

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the

County Court by written order issued and filed

in authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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* October, 19 64, *authorizing the joining together as husband and wife* Jon Miner *and* Wanda Lowry

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Hano R. Harner *hereby certify that on the* 16 *day of* October, *one thousand nine hundred and* 64 *at* Mooresville, *State of Indiana, Groom* Jon Miner *of* Hendricks *County, State of* Indiana, *and, Bride* Wanda Lowry *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* October, 19 64.

Signed Hano R. Harner

Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 20 *day of* October, 1964

Signed Claude Hughes Clerk

Hendricks Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 294

File

Oct 10, 1964
Date of Application

MALE
Medical Examination Report Dated 10-2-64
Name of Physician James Black, M.D.

FEMALE
Medical Examination Report Dated 10-2-64
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 Stanley Middle Terry Last Lovins

Date of Birth: Month Sept Day 26 Year 1944

Place of Birth (State or foreign country) Indlps, Ind.

Residence Address: 2530 S. Holt Rd. Street or R. R. Indlps City Marion County Ind. State

Previous Marital Status: Never Married ☑ Number of Previous Marriages.....

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race: White ☑ Negro ☐ Other ☐ (specify).....

Usual Occupation Universal Tool & Engineering

Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree

☐ Other (Specify).....

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☑ Yes ☐
   If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☑ Yes ☐
5. Are you related to the bride closer than second cousin? No ☑ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
8. Are you able to support a family? Yes ☑ No ☐
9. Are you likely to so continue? Yes ☑ No ☐
10. Do you have minor children from one or more former marriages? No ☐ Yes ☐
    (If yes, answer questions a, b, c)
    (a) List their full names, ages and addresses

    Name Age Address

    (b) Are you supporting or contributing to their support? Yes ☐ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father William Wesley Lovins
    Residence of father (if deceased so state) Indlps, Ind.
    Occupation of father Construction Race of father White
    Birthplace of father (State or foreign country) Bedford, Indiana
12. Full maiden name of mother Laura Emma Terry
    Residence of mother (if deceased so state) Indlps. Ind.
    Occupation of mother housewife Race of mother white
    Birthplace of mother (State or foreign country) Maryland

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Stanley Terry Lovins

New Address.....

Subscribed and sworn to before me this 10 day of October 19 64

Claude Hughes Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed William Wesley Lovins Father

Signed Laura Emma Lovins Mother

Subscribed and sworn to before me this 10 day of October 19 64

Claude Hughes Clerk

FEMALE APPLICANT

Name: First Nancy Middle Ann Last Portwood

Date of Birth: Month Aug. Day 9 Year 1947

Place of Birth (State or foreign country) Indlps. Indiana

Residence Address: 505 Douglas Street or R. R. Brownsburg City Hend. County Indiana State

Maiden Name if Different

Previous Marital Status: Never Married ☑ Number of Previous Marriages.....

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race: White ☑ Negro ☐ Other ☐ (specify).....

Usual Occupation none

Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree

☐ Other (Specify).....

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☐ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
7. Full name of father Alfred Thomas Portwood
   Residence of father (if deceased so state) Brownsburg, Ind.
   Occupation of father Construction Race of father white
   Birthplace of father (State or foreign country) Brownsburg, Ind.
8. Full maiden name of mother Elizabeth Maxine Fields
   Residence of mother (if deceased so state) Brownsburg, Ind.
   Occupation of mother Clerk-Typist Race of mother white
   Birthplace of mother (State or foreign country) Brooklyn, Ind.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Nancy Ann Portwood

New Address.....

Subscribed and sworn to before me this 10 day of October, 19 64

Claude Hughes Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed Alfred Thomas Portwood Father

Signed Elizabeth Maxine Portwood Mother

Subscribed and sworn to before me this 10 day of October, 19 64

Claude Hughes Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the .....County.....Court by written order issued.....and filed in.....authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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* October, 19 64, *authorizing the joining together as husband and wife* Stanley Terry Lovins *and* Nancy Ann Portwood

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Walter Bradford hereby certify that on the 16 day of October, one thousand nine hundred and 64 at Indlps., County of Marion, State of Indiana, Groom Stanley Terry Lovins of Marion County, State of Indiana, and, Bride Nancy Ann Portwood of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of Hendricks County.

Dated this 16 day of October, 19 64.

Signed Walter Bradford

Official Designation Justice of Peace

Filed and recorded in accordance with the laws of the State of Indiana this 21 day of October, 19 64

Signed Claude Hughes Clerk

Hendricks Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 295

File Oct 13 - 1964
Date of Application

MALE
Medical Examination Report Dated Oct 5 - 1964
Name of Physician Thomas P Chase M. D.

FEMALE
Medical Examination Report Dated Oct 5 - 1964
Name of Physician Thomas P. Chase 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 Tommy Middle Dale Last Shoulders

Date of Birth: Month March Day 6 Year 1946

Place of Birth (State or foreign country) Indianapolis Ind

Residence Address: Street or R. R. R 2 Box 599 City Indianapolis County ~~Hend.~~ State Ind.

Previous Marital Status: Never Married ☒ Number of Previous Marriages.....

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race: White ☒ Negro ☐ Other ☐ (specify).....

Usual Occupation apprentice tool maker

Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree

☐ Other (Specify).....

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☒ Yes ☐
   Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
   If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☒ Yes ☐
5. Are you related to the bride closer than second cousin? No ☒ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
8. Are you able to support a family? Yes ☒ No ☐
9. Are you likely to so continue? Yes ☒ No ☐
10. Do you have minor children from one or more former marriages? No ☐ Yes ☐
    (If yes, answer questions a, b, c)
    (a) List their full names, ages and addresses

    Name Age Address

    (b) Are you supporting or contributing to their support? Yes ☐ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father Stanley Parker Shoulders
    Residence of father (if deceased so state) R2 Box 599 Ladpls.
    Occupation of father Plumber Contractor Race of father W
    Birthplace of father (State or foreign country) Kentucky
12. Full maiden name of mother Naomi Liggett
    Residence of mother (if deceased so state) R2 Box 599 Ladpls.
    Occupation of mother Central State Hospital Race of mother W
    Birthplace of mother (State or foreign country) Kentucky

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Tommy Dale Shoulders

New Address.....

Subscribed and sworn to before me this 13 day of October, 1964.

Claude Hughes Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed Stanley Parker Shoulders Father

Signed Naomi Shoulders Mother

Subscribed and sworn to before me this 13 day of October, 1964.

Claude Hughes Clerk

FEMALE APPLICANT

Name: First Beverly Middle Last Keyt

Date of Birth: Month December Day 18 Year 1945

Place of Birth (State or foreign country) Indianapolis Ind.

Residence Address: Street or R. R. R2 Box 373 City Plainfield County Hend. State Ind.

Maiden Name if Different

Previous Marital Status: Never Married ☒ Number of Previous Marriages.....

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race: White ☒ Negro ☐ Other ☐ (specify).....

Usual Occupation Comptometer operator

Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree

☐ Other (Specify).....

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☒ Yes ☐
   Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you afflicted with a transmissible disease? No ☒ Yes ☐
4. Are you related to the groom closer than second cousin? No ☒ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
7. Full name of father James Evan Keyt
   Residence of father (if deceased so state) Plainfield
   Occupation of father Retired Race of father W
   Birthplace of father (State or foreign country) Indiana
8. Full maiden name of mother Loretta Carmichael
   Residence of mother (if deceased so state) Plainfield
   Occupation of mother School Cafeteria Race of mother W
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Beverly Keyt

New Address.....

Subscribed and sworn to before me this 13 day of October, 1964

Claude Hughes Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the.....County.....Court by written order issued.....and filed in.....authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* Hendricks *Circuit Court of Indiana dated the* 17 *day of* October, 1964, *authorizing the joining together as husband and wife* Tommy Dale Shoulders *and* Beverly Keyt.

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Warren A. Robbins hereby certify that on the 17 day of October, one thousand nine hundred and 64 at Plainfield, County of Hendricks, State of Indiana, Groom Tommy Dale Shoulders of Hendricks County, State of Indiana, and, Bride Beverly Ann Keyt of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of Hendricks County.

Dated this 17 day of October, 1964.

Signed Warren A. Robbins

Official Designation Christian Minister

Filed and recorded in accordance with the laws of the State of Indiana this 20 *day of* October, 19 64.

Signed Claude Hughes Clerk

Hendricks Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 296

File

oct 13, 1964
Date of Application

MALE
Medical Examination Report Dated 10/6/64
Name of Physician Lloyd S. Terry

FEMALE
Medical Examination Report Dated 10/6/64
Name of Physician Lloy S. 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 Carl Middle E. Last Walls
Date of Birth: Month May Day 21 Year 1943
Place of Birth (State or foreign country) Ludgls.
Residence Address: Street or R. R. RR1 City Danville County Hendricks State Ind
Previous Marital Status: Never Married ☑ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify).....
Usual Occupation Parts manager
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☐ Other (Specify).....

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☑ Yes ☐
   If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☑ Yes ☐
5. Are you related to the bride closer than second cousin? No ☑ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
8. Are you able to support a family? Yes ☑ No ☐
9. Are you likely to so continue? Yes ☑ No ☐
10. Do you have minor children from one or more former marriages? No ☑ Yes ☐
    (If yes, answer questions a, b, c)
    (a) List their full names, ages and addresses

Name	Age	Address

    (b) Are you supporting or contributing to their support? Yes ☐ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father Wilbur V. Walls
    Residence of father (if deceased so state) RR1 Danville
    Occupation of father Farmer Race of father wh.
    Birthplace of father (State or foreign country) Indiana
12. Full maiden name of mother Hellen Luttle
    Residence of mother (if deceased so state) RR1 Danville
    Occupation of mother House wife Race of mother wh.
    Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Carl E. Walls
New Address.....

Subscribed and sworn to before me this 13 day of oct., 1964
Claude Hughes Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day of....., 19.....
.....Clerk

FEMALE APPLICANT

Name: First Gloria Middle Carol Last Floyd
Date of Birth: Month June Day 29 Year 1945
Place of Birth (State or foreign country) Monticello Ky.
Residence Address: Street or R. R. RR 3 City Danville County Hendricks State Ind
Maiden Name if Different
Previous Marital Status: Never Married ☑ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify).....
Usual Occupation Waitress
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☐ Other (Specify).....

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
7. Full name of father William L. Floyd.
   Residence of father (if deceased so state) RR 3
   Occupation of father Farmer Race of father wh.
   Birthplace of father (State or foreign country) Ky.
8. Full maiden name of mother Rona Lytton
   Residence of mother (if deceased so state) RR 3
   Occupation of mother House wife Race of mother wh.
   Birthplace of mother (State or foreign country) Ky.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Gloria Carol Floyd.
New Address.....

Subscribed and sworn to before me this 13 day of oct, 1964
Claude Hughes Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day of....., 19.....
.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the .....County.....Court by written order issued.....and filed in.....authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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* Oct *19*64*, authorizing the joining together as husband and wife* Carl E Walls *and* Gloria Carol Floyd

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Marvin W. Cook *hereby certify that on the* 17 *day of* October, *one thousand nine hundred and* 64 *at* Danville, *County of* Hendricks, *State of Indiana, Groom* Carl E. Walls *of* Hendricks *County, State of* Indiana, *and, Bride* Gloria Carol Floyd *of* Hendricks *County, State of* Indiana, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* Hendricks *County.*

Dated this 17 *day of* October, *19*64.

Signed Marvin W. Cook
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 27 *day of* October, *19*64.

Signed Claude Hughes *Clerk*
Hendricks *Circuit Court*

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 297
File Book 28
October 17-1964
Date of Application

MALE
Medical Examination Report Dated October 12-1964
Name of Physician John Eckett Jr. M.D.

FEMALE
Medical Examination Report Dated October 12-1964
Name of Physician John Eckett Jr. M.D.

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Paul Middle Steven Last Wise
Date of Birth: Month June Day 4 Year 1945
Place of Birth (State or foreign country) Greencastle Indiana
Residence Address: Street or R. R. RR2 City Danville County Hendricks State Ind.
Previous Marital Status: Never Married ☑ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify).....
Usual Occupation Danville State Bank.
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) Drivers Licence

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☑ Yes ☐
   If answer to 3 is "yes" has the cause of such condition been removed? No ☑ Yes ☐
4. Are you afflicted with a transmissible disease? No ☑ Yes ☐
5. Are you related to the bride closer than second cousin? No ☑ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
8. Are you able to support a family? Yes ☑ No ☐
9. Are you likely to so continue? Yes ☑ No ☐
10. Do you have minor children from one or more former marriages? No ☐ Yes ☐
    (If yes, answer questions a, b, c)
    (a) List their full names, ages and addresses
    Name Age Address
    (b) Are you supporting or contributing to their support? Yes ☐ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father Paul Wise
    Residence of father (if deceased so state) Rr Danville
    Occupation of father Laborer Race of father W.
    Birthplace of father (State or foreign country) Tippecanoe Co Indiana
12. Full maiden name of mother Christie Rhea
    Residence of mother (if deceased so state) Rr Danville
    Occupation of mother Housewife Race of mother W.
    Birthplace of mother (State or foreign country) Hendricks Co Ind

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.
Signed Paul S Wise
New Address.....
Subscribed and sworn to before me this 17 day of October, 1964
Claude Hughes Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:
Signed Paul Wise Father
Signed Christine Rhea Wise Mother
Subscribed and sworn to before me this 17 day of October, 1964
Claude Hughes Clerk

FEMALE APPLICANT

Name: First Frances Middle Eileen Last Harman
Date of Birth: Month March Day 21 Year 1945
Place of Birth (State or foreign country) Houston Texas
Residence Address: Street or R. R. RR 2 City Coatesville County Hendricks State Indiana
Maiden Name if Different
Previous Marital Status: Never Married ☑ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify).....
Usual Occupation Ins Co Indianapolis
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify).....

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
7. Full name of father John Carrie Harman
   Residence of father (if deceased so state) Rr Coatesville Ind
   Occupation of father Laborer Race of father W.
   Birthplace of father (State or foreign country) Huntsville Texas
8. Full maiden name of mother Rosalee Sloan
   Residence of mother (if deceased so state) Rr Coatesville
   Occupation of mother Housewife Race of mother W.
   Birthplace of mother (State or foreign country) Midway Texas

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.
Signed Frances Eileen Harman
New Address.....
Subscribed and sworn to before me this 17 day of October, 1964
Claude Hughes Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:
Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day of....., 19.....
.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the .....County.....Court by written order issued.....and filed in.....authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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 nd day of October, 1964, authorizing the joining together as husband and wife Paul Steven Wise and Frances Eileen Harman
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Norris King hereby certify that on the 23 day of October one thousand nine hundred and 64 at Coatesville, County of Hendricks, State of Indiana, Groom Paul Steven Wise of Hendricks County, State of Indiana, and, Bride Frances Eileen Harman of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of Hendricks County.
Dated this 22 day of October, 1964.

Signed Norris King
Official Designation Methodist Minister

Filed and recorded in accordance with the laws of the State of Indiana this 26 day of October, 1964.
Signed Claude Hughes Clerk
Hendricks Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 258
File Book 28
Oct. 17-1964
Date of Application

MALE
Medical Examination Report Dated Oct 13 - 1964
Name of Physician David B. Haggard M D

FEMALE
Medical Examination Report Dated October 13-1964
Name of Physician David B. Haggard M.D.

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Billy — Middle — Last Mendenhall
Date of Birth: Month June — Day 26 — Year 1923
Place of Birth (State or foreign country): 28 Plainfield Hendricks Co Indiana
Residence Address: Street or R. R. 285 No Mill St. — City Plainfield — County Hendricks — State Indiana
Previous Marital Status: Never Married ☐ Number of Previous Marriages 2
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify)
Usual Occupation Truck Driver
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) Drivers License

1. Are you now or have you been adjudged, diagnosed or considered as: An Imbecile? No ☑ Yes ☐ Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☑ Yes ☐ If answer to 3 is "yes" has the cause of such condition been removed? No ☑ Yes ☐
4. Are you afflicted with a transmissible disease? No ☑ Yes ☐
5. Are you related to the bride closer than second cousin? No ☑ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
8. Are you able to support a family? Yes ☑ No ☐
9. Are you likely to so continue? Yes ☐ No ☐
10. Do you have minor children from one or more former marriages? No ☑ Yes ☐
(If yes, answer questions a, b, c)
(a) List their full names, ages and addresses
Name — Age — Address
(b) Are you supporting or contributing to their support? Yes ☐ No ☐
(c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father Wm C. Mendenhall
Residence of father (if deceased so state) 326 No Vine Plainfield
Occupation of father Laborer — Race of father W.
Birthplace of father (State or foreign country) Clayton, Ind.
12. Full maiden name of mother Edith Elsie Lines
Residence of mother (if deceased so state) 326 No Vine - Plainfield
Occupation of mother Housewife — Race of mother W.
Birthplace of mother (State or foreign country) Thorntown, Ind.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed .....
New Address .....

Subscribed and sworn to before me this 17 day of October, 19 64
Claude Hughes Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary .....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day of ....., 19.....
..... Clerk

FEMALE APPLICANT

Name: First Mary — Middle Ruth — Last Cooper
Date of Birth: Month April — Day 24 — Year 1924
Place of Birth (State or foreign country): Terre Haute Indiana
Residence Address: Street or R. R. 406 Aron Ave. — City Plainfield — County Hendricks — State Ind.
Maiden Name if Different: Mary Ruth Rippy
Previous Marital Status: Never Married ☐ Number of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify)
Usual Occupation Public Service Records Clerk.
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) Drivers License

1. Are you now or have you been adjudged, diagnosed or considered as: An Imbecile? No ☑ Yes ☐ Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
7. Full name of father Glen Sydney Rippy
Residence of father (if deceased so state) Linton Ind
Occupation of father Laborer — Race of father W.
Birthplace of father (State or foreign country) Terre Haute Ind.
8. Full maiden name of mother Lena Alice Huntley
Residence of mother (if deceased so state) Linton Ind
Occupation of mother Housewife — Race of mother W.
Birthplace of mother (State or foreign country) England.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed .....
New Address .....

Subscribed and sworn to before me this 17 day of October 19 64
Claude Hughes Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary .....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day of ....., 19.....
..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the ..... County ..... Court by written order issued ..... and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* Hend. *Circuit Court of Indiana dated the* 22 *day of* October, 1964, *authorizing the joining together as husband and wife* Billy Mendenhall *and* Mary Ruth Cooper

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Conley Bowman *hereby certify that on the* 24th *day of* October, *one thousand nine hundred and* 64 *at* Plainfield, *County of* Hendricks, *State of Indiana, Groom* Billy Mendenhall *of* Hendricks *County, State of* Indiana, *and, Bride* Mary Ruth 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 ..... County.*

Dated this 24 *day of* October, 19 64.

Signed Conley Bowman
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 20 *day of* November, 19 64.

Signed Claude Hughes Clerk
Hendricks Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 299
File Book 28
Oct. 17-1964
Date of Application

MALE
Medical Examination Report Dated October 13-1964
Name of Physician Lloyd Terry M D.

FEMALE
Medical Examination Report Dated Oct 13-1964
Name of Physician Lloyd Terry 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 Howard Middle Forrest Last Williams II

Date of Birth: Month January Day 14 Year 1943

Place of Birth (State or foreign country) Decatur Illinois

Residence Address: Street or R. R. 3800 W Mich. City Indianapolis County Marion State Ind

Previous Marital Status: Never Married ☑ Number of Previous Marriages.....

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race: White ☑ Negro ☐ Other ☐ (specify).....

Usual Occupation Household Demonice

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) Selective Service

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☑ Yes ☐
   If answer to 3 is "yes" has the cause of such condition been removed? No ☑ Yes ☐
4. Are you afflicted with a transmissible disease? No ☑ Yes ☐
5. Are you related to the bride closer than second cousin? No ☑ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
8. Are you able to support a family? Yes ☑ No ☐
9. Are you likely to so continue? Yes ☑ No ☐
10. Do you have minor children from one or more former marriages? No ☐ Yes ☐
    (If yes, answer questions a, b, c)
    (a) List their full names, ages and addresses

    Name Age Address

    (b) Are you supporting or contributing to their support? Yes ☐ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father Howard Forrest Williams I
    Residence of father (if deceased so state) Terre Haute Ind.
    Occupation of father Salesman Race of father W
    Birthplace of father (State or foreign country) New Mexico
12. Full maiden name of mother Virginia Mary Webster
    Residence of mother (if deceased so state) R1 Terre Haute Ind.
    Occupation of mother Housewife Race of mother W.
    Birthplace of mother (State or foreign country) Decatur Ills.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Howard Forrest Williams II

New Address.....

Subscribed and sworn to before me this 17 day of October, 1964

Claude Hughes Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

FEMALE APPLICANT

Name: First Caroldyn Middle Kay Last Nicholson

Date of Birth: Month February Day 4 Year 1943

Place of Birth (State or foreign country) Greencastle Putnam Co. Indiana

Residence Address: Street or R. R. RR 2 City Danville County Hendricks State Indiana

Maiden Name if Different

Previous Marital Status: Never Married ☑ Number of Previous Marriages.....

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race: White ☑ Negro ☐ Other ☐ (specify).....

Usual Occupation Teacher Wayne Twp.

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) Drivers License

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
7. Full name of father Richard Jr Nicholson
   Residence of father (if deceased so state) R2 Danville Ind.
   Occupation of father Laborer Race of father W
   Birthplace of father (State or foreign country) Hendricks Co Ind
8. Full maiden name of mother Rosaleen Barnes
   Residence of mother (if deceased so state) R2 Danville Ind.
   Occupation of mother Housewife Race of mother W
   Birthplace of mother (State or foreign country) Hendricks Co Ind

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Carolyn Kay Nicholson

New Address.....

Subscribed and sworn to before me this 17 day of October, 1964

Claude Hughes Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the .....County.....Court by written order issued.....and filed in.....authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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* October, 19 64, *authorizing the joining together as husband and wife* Howard Forrest Williams II *and* Carolyn Kay Nicholson

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Lloyd B. King *hereby certify that on the* 23 *day of* October, *one thousand nine hundred and* 64 *at* Danville, *County of* Hendricks, *State of Indiana, Groom* Howard Forrest Williams II *of* Marion *County, State of* Indiana, *and, Bride* Carolyn Kay Nicholson *of* Hendricks *County, State of* Indiana, *were by me united 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* October, 19 64.

Signed Lloyd B. King

Official Designation Minister Franciscan Mtg.

Filed and recorded in accordance with the laws of the State of Indiana this 24 *day of* October, 19 64.

Signed Claude Hughes Clerk

Hendricks Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 300
File Book 28
Oct. 17-1964
Date of Application

MALE
Medical Examination Report Dated 10/7/64
Name of Physician A. N. Saudder M.D.

FEMALE
Medical Examination Report Dated October 6-1964
Name of Physician Glen V. Ryan M.D.

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Theodore Middle Robert Last Lach
Date of Birth: Month June Day 22 Year 1944
Place of Birth (State or foreign country): Harrisburg Penn.
Residence Address: Street or R. R. 64 Lincoln Dr. City Brownsburg County Hendricks State Ind
Previous Marital Status: Never Married ☑ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify).....
Usual Occupation Western Electric
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify).....

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☑ Yes ☐
   If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☑ Yes ☐
5. Are you related to the bride closer than second cousin? No ☑ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
8. Are you able to support a family? Yes ☑ No ☐
9. Are you likely to so continue? Yes ☑ No ☐
10. Do you have minor children from one or more former marriages? No ☐ Yes ☐
    (If yes, answer questions a, b, c)
    (a) List their full names, ages and addresses
    Name Age Address
    (b) Are you supporting or contributing to their support? Yes ☐ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father Theodore Harry Lach
    Residence of father (if deceased so state) Brownsburg Ind.
    Occupation of father Laborer Race of father W.
    Birthplace of father (State or foreign country) New Castle Pa
12. Full maiden name of mother Louise Frances Hays
    Residence of mother (if deceased so state) Brownsburg
    Occupation of mother Housewife Race of mother W.
    Birthplace of mother (State or foreign country) New Castle Pa.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.
Signed Theodore Robert Lach
New Address.....
Subscribed and sworn to before me this 17 day of October, 1964
..... Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....
see notarized statement
for both Parents - attached.

State of Indiana, County of HENDRICKS } ss:
Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this 17 day of October, 1964
Claude Hughes .....Clerk

FEMALE APPLICANT

Name: First Pamela Middle Kay Last McLary
Date of Birth: Month April Day 25 Year 1945
Place of Birth (State or foreign country) Martinsville Morgan Co Indiana
Residence Address: Street or R. R. Box 24 City Morgantown County Morgan State Indiana
Maiden Name if Different .....
Previous Marital Status: Never Married ☑ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify).....
Usual Occupation Legal Secy.
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify).....

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
7. Full name of father Dale Fremont McLary
   Residence of father (if deceased so state) Box 244 Morgantown Ind
   Occupation of father Laborer Race of father W
   Birthplace of father (State or foreign country) Morgan Co. Indiana
8. Full maiden name of mother Irene Elizabeth Waltman
   Residence of mother (if deceased so state) Box 244 Morgantown Ind.
   Occupation of mother Housewife Race of mother W
   Birthplace of mother (State or foreign country) Brown Co. Ind.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.
Signed Pamela Kay McLary
New Address.....
Subscribed and sworn to before me this 17 day of October, 1964
Claude Hughes Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:
Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day of....., 19.....
.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the .....County.....Court by written order issued.....and filed in.....authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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, 1964, authorizing the joining together as husband and wife Theodore Robert Lach and Pamela Kay McLary
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Lester B. Yearick hereby certify that on the 24 day of October, one thousand nine hundred and 64 at Brownsburg, County of Hendricks, State of Indiana, Groom Theodore Robert Lach of Hendricks County, State of Indiana, and, Bride Pamela Kay McLary 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 24 day of October, 1964.
Signed Lester B. Yearick
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 2 day of November, 1964.
Signed Claude D. Hughes Clerk
Hendricks Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 300
File Book 28
Oct. 17-1964.
Date of Application

MALE
Medical Examination Report Dated 10/7/64
Name of Physician A. N. Scudder M.D.

FEMALE
Medical Examination Report Dated October 6-1964
Name of Physician Glen V. Ryan M.D.

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Theodore Middle Robert Last Lach
Date of Birth: Month Day Year
Color
Residence
Number of Previous Marriages
Present Occupation
Birthplace
Age
Never Married
Widowed
Divorced
Date Last Marriage Terminated
How Terminated
Husband or Wife Living
Name of Former Husband or Wife
Parents
Maiden Name of Mother
Birthplace of Father
Birthplace of Mother
Number of Previous Marriages
Present Occupation
Age
Color
Residence

FEMALE APPLICANT

Name: First Pamela Middle Kay Last McLary
Date of Birth: Month Day Year 1945
Indiana
State Indiana
Never Married
Widowed
Divorced
Date Last Marriage Terminated
How Terminated
Husband or Wife Living
Name of Former Husband or Wife
Parents
Maiden Name of Mother
Birthplace of Father
Birthplace of Mother
Number of Previous Marriages
Present Occupation
Age
Color
Residence

We the undersigned, parents of Theodore Robert Lach, do hereby consent to the marriage of their son, Theodore Robert Lach, to Pamela Kay McLary.

Theodore R Lach.
Father

Louise Lach
Mother

STATE OF INDIANA)
) SS:
COUNTY OF HENDRICKS)

Subscribed and sworn to before me, a Notary Public, this 16 day of October, 1964.

Signature Rita Ayers
Printed Rita Ayers
Notary Public

My commission expires:
10/6/66

FILED
OCT 17 1964
Claude Hughes
CLERK HENDRICKS CIRCUIT COURT
BY DEPUTY

No ☐ Yes ☐
No ☐ Yes ☐
No ☐ Yes ☐
No ☐ Yes ☐
No ☐ Yes ☐
No ☐ Yes ☐
No ☐ Yes ☐
Indiana
Waltman
Indiana
Ind.

information given
rue and correct.

....., 1964
Circuit Court

If only one parent
ry

Father
Mother
, 19
Clerk

ed parties, the
and filed

Circuit Court

Be It Remembered,

of Indiana dated the 21 day of ..... and Pamela Kay McLary
Theodore Robert Lach
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Lester B. Yearick hereby certify that on the 24 day of October,
one thousand nine hundred and 64 at Brownsburg, County of Hendricks,
State of Indiana, Groom Theodore Robert Lach of Hendricks County, State of Indiana
and, Bride Pamela Kay McLary 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 24 day of October, 19 64.

Signed Lester B. Yearick
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 2 day of November, 1964.
Signed Claude Hughes Clerk
Hendricks Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 301
File Book 28
Oct 17-1964
Date of Application

MALE
Medical Examination Report Dated Oct 13-64
Name of Physician R. Crosby M D.

FEMALE
Medical Examination Report Dated Oct 13- 1964.
Name of Physician R. Crosby 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 Martin Middle G. Last Switzer Jr
Date of Birth: Month October Day 9 Year 1922
Place of Birth (State or foreign country) Veedersburg Fountain Co. Ind
Residence Address: Street or R. R. R # 1 City Brownsburg County Hendricks State Ind.
Previous Marital Status: Never Married ☐ Number of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify)
Usual Occupation Steam fitter
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) Indiana Drivers License

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☐ Yes ☐
   Of Unsound Mind? No ☐ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☐ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☐ Yes ☐
   If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☐ Yes ☐
5. Are you related to the bride closer than second cousin? No ☐ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
8. Are you able to support a family? Yes ☐ No ☐
9. Are you likely to so continue? Yes ☐ No ☐
10. Do you have minor children from one or more former marriages? No ☐ Yes ☐
    (If yes, answer questions a, b, c)
    (a) List their full names, ages and addresses

    Name Age Address

    (b) Are you supporting or contributing to their support? Yes ☐ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father Martin G Switzer Sr
    Residence of father (if deceased so state) Veedersburg Ind.
    Occupation of father Laborer Race of father W.
    Birthplace of father (State or foreign country) Veedersburg Ind.
12. Full maiden name of mother Emma Truman
    Residence of mother (if deceased so state) Veedersburg Ind
    Occupation of mother Housewife. Race of mother W.
    Birthplace of mother (State or foreign country) Danville Illinois

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Martin Switzer Jr.
New Address R R 1 Brownsburg Ind.

Subscribed and sworn to before me this 17 day of October, 1964
Claude Hughes. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day of ....., 19.....
..... Clerk

FEMALE APPLICANT

Name: First Mary Middle Frances Last Pickerill
Date of Birth: Month December Day 12 Year 1931
Place of Birth (State or foreign country) Evansville Indiana
Residence Address: Street or R. R. 1403 So. Meridian City Indpls County Marion State Ind.
Maiden Name if Different Mary Frances James
Previous Marital Status: Never Married ☐ Number of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify)
Usual Occupation unemployed
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) By appearance.

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☐ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
7. Full name of father Henry James
   Residence of father (if deceased so state) Henderson Ky
   Occupation of father Laborer Race of father W.
   Birthplace of father (State or foreign country) Louisville Ky.
8. Full maiden name of mother Frances Ash
   Residence of mother (if deceased so state) Evansville Ind
   Occupation of mother housewife Race of mother W.
   Birthplace of mother (State or foreign country) Evansville Ind

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Mary Frances Pickerill
New Address .....

Subscribed and sworn to before me this 17 day of October, 1964
Claude Hughes Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day of ....., 19.....
..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the ..... County ..... Court by written order issued ..... and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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 October, 1964, authorizing the joining together as husband and wife Martin G. Switzer Jr and Mary Frances Pickerill
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, O. T. Hancock hereby certify that on the 23 day of October, one thousand nine hundred and 64 at Plainfield, County of Hendricks, State of Indiana, Groom Martin G. Switzer Jr. of Hendricks County, State of Indiana, and, Bride Mary Frances Pickerill 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 23 day of October, 1964

Signed O. T. Hancock
Official Designation J. P.

Filed and recorded in accordance with the laws of the State of Indiana this 27 day of October, 1964
Signed Claude Hughes Clerk
Hendricks Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 302

File Oct 19 - 1964
Date of Application

MALE
Medical Examination Report Dated 10-13-64
Name of Physician Irving Cohen

FEMALE
Medical Examination Report Dated 10-13-64
Name of Physician Irving Cohen

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Charles Middle R. Last Larkin
Date of Birth: Month June Day 18 Year 1946
Place of Birth (State or foreign country): Indianapolis Ind.
Residence Address: Street or R. R. R2 Box 83 City Plainfield County Hend State Ind.
Previous Marital Status: Never Married ☒ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☒ Negro ☐ Other ☐ (specify).....
Usual Occupation: Stockboy Shady Acres
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) Drivers License

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☒ Yes ☐
   Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
   If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☒ Yes ☐
5. Are you related to the bride closer than second cousin? No ☒ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
8. Are you able to support a family? Yes ☒ No ☐
9. Are you likely to so continue? Yes ☒ No ☐
10. Do you have minor children from one or more former marriages? No ☐ Yes ☐
    (If yes, answer questions a, b, c)
    (a) List their full names, ages and addresses

    Name ..... Age ..... Address .....

    (b) Are you supporting or contributing to their support? Yes ☐ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father: Arthur M Larkin
    Residence of father (if deceased so state): Plainfield
    Occupation of father: Farmer Race of father: W
    Birthplace of father (State or foreign country): Kentucky
12. Full maiden name of mother: Baltia Rogers
    Residence of mother (if deceased so state): Plainfield
    Occupation of mother: Housewife Race of mother: W
    Birthplace of mother (State or foreign country): Kentucky

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed: Charles R Larkin
New Address.....

Subscribed and sworn to before me this 19 day of October, 1964
Claude Hughes Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary: notarized statement attached for father.

State of Indiana, County of HENDRICKS } ss:

Signed..... Father
Signed: Baltia Rogers Larkin Mother
Subscribed and sworn to before me this 19 day of October, 1964
Claude Hughes Clerk

FEMALE APPLICANT

Name: First Diane Middle M Last Everett
Date of Birth: Month Aug Day 1 Year 1946
Place of Birth (State or foreign country): Indianapolis Ind.
Residence Address: Street or R.R. R2 Box 86 City Plainfield County Hend State Ind.
Maiden Name if Different
Previous Marital Status: Never Married ☒ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☒ Negro ☐ Other ☐ (specify).....
Usual Occupation: Clerk Typist
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree
☐ Other (Specify).....

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☒ Yes ☐
   Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you afflicted with a transmissible disease? No ☒ Yes ☐
4. Are you related to the groom closer than second cousin? No ☒ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
7. Full name of father: Robert Dale
   Residence of father (if deceased so state): Lebanon
   Occupation of father: Roberts Dairy Race of father: W
   Birthplace of father (State or foreign country): Indiana
8. Full maiden name of mother: Constance MacMathews
   Residence of mother (if deceased so state): Plainfield
   Occupation of mother: Secretary Race of mother: W
   Birthplace of mother (State or foreign country): Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed: Diane M. Everett
New Address.....

Subscribed and sworn to before me this 19 day of October, 1964
Claude Hughes Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed..... Father
Signed..... Mother
Subscribed and sworn to before me this.....day of....., 19.....
..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the .....County.....Court by written order issued.....and filed in.....authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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, 1964, *authorizing the joining together as husband and wife* Charles R. Larkin *and* Diane M. Everett.

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, James Madson hereby certify that on the 1st day of November, one thousand nine hundred and Sixty four at Danville, County of Hendricks, State of Indiana, Groom Charles R. Larkin of Hendricks County, State of Indiana, and, Bride Diane M. Everett of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of Hendricks County.

Dated this 1st *day of* November, 1964.

Signed James Madson
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 3 *day of* November, 1964.

Signed Claude Hughes Clerk
Hendricks Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 302

File Oct 19 - 1964
Date of Application

MALE
Medical Examination Report Dated 10-13-64
Name of Physician Irving Cohen

FEMALE
Medical Examination Report Dated 10-13-64
Name of Physician Irving Cohen

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Charles Middle R. Last Larkin
Date of Birth: Month June Day 18 Year 1946
Place of Birth (State or foreign country): Indianapolis Ind.
Residence Address: Street or R. R. R2 Box 83 City Plainfield County Hend State Ind.
Previous Marital Status: Never Married ~~X~~ Number of Previous Marriages.....
Last Marriage Ended B
Color or Race
Usual Occupation
Date of birth verified b
☐ Other (Specify)
1. Are you now or ha
An Imbecile?
Of Unsound M
2. Are you under gua
3. Are you now or h
home for indigent
If answer to 3 is "
4. Are you afflicted w
5. Are you related to
6. Are you now unde
7. Are you now unde
8. Are you able to su
9. Are you likely to
10. Do you have minor
(If yes, answer que
(a) List their full
Name
(b) Are you suppo
(c) Are you compl
their support?
11. Full name of fathe
Residence of fathe
Occupation of fath
Birthplace of fathe
12. Full maiden name
Residence of moth
Occupation of mot
Birthplace of moth
State of Indiana,
County of HEN
New
Subscribed and sworn t
Claude [illegible]

CONSENT OF PAREN
We, the parents, of th
signs, state facts whic
[illegible]
for fo
State of Indiana,
County of HEN
Sign
Sign
Subscribed and sworn t

FEMALE APPLICANT

Name: First Diane Middle M Last Everett
Date of Birth: Month Aug Day 1 Year 1946
Place of Birth (State or foreign country): Indianapolis Ind.
Residence Address: Street or R.R. R2 Box 86 City Plainfield County Hend State Ind.
Maiden Name if Different
er of Previous Marriages.....
☐ Annulment ☐
☐ (specify).....
t
Decree
d or considered as:
No ☒ Yes ☐
No ☒ Yes ☐
und mind? No ☒ Yes ☐
No ☒ Yes ☐
cousin? No ☒ Yes ☐
liquor? No ☒ Yes ☐
drug? No ☐ Yes ☒
ale
Lebanon
Race of father W
Indiana
MacMathews
Plainfield
Race of mother W
Indiana
I depose and state the information given
n this application is true and correct.
M. Everett
day of October, 19 64
HENDRICKS
Clerk Circuit Court

N
nt for this marriage. If only one parent
ther parent unnecessary.....
Father
Mother
day of, 19.....
Clerk

Friday October 23, 1964

To Whom It May Concern:
I, Carthur Larkin, give my permission to my son, Charles Larkin to marry Diane Everett.

Seal [illegible] Carthur M Larkin

State of Indiana county of Marion ss
Subscribed + Sworn to before me October 23, 1964
My Commission expires Oct 14, 1967.
Dilie Elwood Notary Public

NOTARY PUBLIC SEAL INDIANA

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the .....County.....Court by written order issued.....and filed in.....authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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, 1964, *authorizing the joining together as husband and wife* Charles R. Larkin *and* Diane M. Everett.

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, James Madson *hereby certify that on the* 1st *day of* November, *one thousand nine hundred and* Sixty four *at* Danville, *County of* Hendricks, *State of Indiana, Groom* Charles R. Larkin *of* Hendricks *County, State of* Indiana *and, Bride* Diane M. Everett *of* Hendricks *County, State of* Indiana, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* Hendricks *County.*

Dated this 1st *day of* November, 19 64.

Signed James Madson
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 3 *day of* November, 1964.

Signed Claude Hughes *Clerk*
Hendricks *Circuit Court*

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Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 303

File

Oct 19-1964
Date of Application

MALE
Medical Examination Report Dated 10-13-64
Name of Physician Lloyd A Terry M.D.

FEMALE
Medical Examination Report Dated 10-13-64
Name of Physician Lloyd A Terry 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 Richard Middle Wayne Last Smith

Date of Birth: Month April Day 10 Year 1942

Place of Birth (State or foreign country): Carterburg Ind.

Residence Address: Street or R. R. R3 Box 234 City Danville County Hend. State Ind

Previous Marital Status: Never Married ☒ Number of Previous Marriages.....

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race: White ☒ Negro ☐ Other ☐ (specify).....

Usual Occupation: General Motors

Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree

☐ Other (Specify).....

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☒ Yes ☐
   Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
   If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☒ Yes ☐
5. Are you related to the bride closer than second cousin? No ☒ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
8. Are you able to support a family? Yes ☒ No ☐
9. Are you likely to so continue? Yes ☒ No ☐
10. Do you have minor children from one or more former marriages? No ☐ Yes ☐
    (If yes, answer questions a, b, c)
    (a) List their full names, ages and addresses

    Name Age Address

    (b) Are you supporting or contributing to their support? Yes ☐ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father Herman Smith
    Residence of father (if deceased so state) Danville
    Occupation of father R.F.M.C. Race of father W
    Birthplace of father (State or foreign country) Indiana
12. Full maiden name of mother Norene Wells
    Residence of mother (if deceased so state) Danville
    Occupation of mother Clerk Race of mother W
    Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Richard Wayne Smith

New Address.....

Subscribed and sworn to before me this 19 day of October, 1964.

Claude Hughes Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

FEMALE APPLICANT

Name: First Myrna Middle Dell Last Tinder

Date of Birth: Month Sept Day 28 Year 1946

Place of Birth (State or foreign country) Indianapolis Ind.

Residence Address: Street or R. R. RI Box 193 City Pittsboro County Hend. State Ind.

Maiden Name if Different

Previous Marital Status: Never Married ☒ Number of Previous Marriages.....

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race: White ☒ Negro ☐ Other ☐ (specify).....

Usual Occupation unemployed

Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree

☐ Other (Specify).....

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☒ Yes ☐
   Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you afflicted with a transmissible disease? No ☒ Yes ☐
4. Are you related to the groom closer than second cousin? No ☒ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
7. Full name of father Donald Morgan Tinder
   Residence of father (if deceased so state) Pittsboro
   Occupation of father Diamond Driller Race of father W
   Birthplace of father (State or foreign country) Indiana
8. Full maiden name of mother Margaret Evelyn Mace
   Residence of mother (if deceased so state) Indiana
   Occupation of mother Housewife Race of mother W
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Myrna Dell Tinder

New Address.....

Subscribed and sworn to before me this 19 day of October, 1964.

Claude Hughes Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the .....County.....Court by written order issued.....and filed in.....authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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* October, 19 64, *authorizing the joining together as husband and wife* Richard Wayne Smith *and* Myrna Dell Tinder
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Rev. George A. Harris *hereby certify that on the* 25 *day of* October, *one thousand nine hundred and* 64, *at* Pittsboro, *County of* Hendricks, *State of Indiana, Groom* Richard Wayne Smith *of* Hendricks *County, State of* Indiana, *and, Bride* Myrna Dell Tinder *of* Hendricks *County, State of* Indiana, *were by me united 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, 19 64

Signed Rev. George A. Harris
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 26 *day of* October, 19 64.

Signed Claude Hughes Clerk
Hendricks Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 304
File Book 28
October 28-1964
Date of Application

MALE
Medical Examination Report Dated October 26-1964
Name of Physician Carl L. Heinlein M.D.

FEMALE
Medical Examination Report Dated October 26-1964
Name of Physician Carl L Heinlein M.D.

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First John Middle Patrick Last Gorman Jr
Date of Birth: Month January Day 18 Year 1937
Place of Birth (State or foreign country) Parkston Michigan
Residence Address: Street or R. R. White House Motel City Plainfield County Hendricks State Ind
Previous Marital Status: Never Married ☑ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify).....
Usual Occupation Salesman.
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) Florida Drivers Licence

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☑ Yes ☐
   If answer to 3 is "yes" has the cause of such condition been removed? No ☑ Yes ☐
4. Are you afflicted with a transmissible disease? No ☑ Yes ☐
5. Are you related to the bride closer than second cousin? No ☑ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
8. Are you able to support a family? Yes ☑ No ☐
9. Are you likely to so continue? Yes ☑ No ☐
10. Do you have minor children from one or more former marriages? No ☐ Yes ☐
    (If yes, answer questions a, b, c)
    (a) List their full names, ages and addresses

Name	Age	Address

    (b) Are you supporting or contributing to their support? Yes ☐ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father John Gorman
    Residence of father (if deceased so state) Frankfort
    Occupation of father Laborer Race of father W.
    Birthplace of father (State or foreign country) St Louis Mo
12. Full maiden name of mother Bridgett Sherdan
    Residence of mother (if deceased so state) Frankfort
    Occupation of mother..... Race of mother W.
    Birthplace of mother (State or foreign country) Dublin Ireland

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.
Signed John Gorman
New Address.....
Subscribed and sworn to before me this 28 day of October, 19 64
Claude Hughes Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:
Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day of....., 19.....
.....Clerk

FEMALE APPLICANT

Name: First Bridgets Middle Ann Last Gorman
Date of Birth: Month July Day 28 Year 1941
Place of Birth (State or foreign country) Canton Ills.
Residence Address: Street or R. R. Ashley Motel City Plainfield County Hendricks State Ind
Maiden Name if Different
Previous Marital Status: Never Married ☑ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify).....
Usual Occupation unemployed
Date of birth verified by: ☐ Birth Cert. ☑ Judicial Decree
☐ Other (Specify).....

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
7. Full name of father Patrick Gorman
   Residence of father (if deceased so state) deceased
   Occupation of father..... Race of father W.
   Birthplace of father (State or foreign country) New York State
8. Full maiden name of mother Rose Gorman - maiden name
   Residence of mother (if deceased so state) Ashley motel - Plainfield
   Occupation of mother..... Race of mother.....
   Birthplace of mother (State or foreign country) Mississippi

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.
Signed Bridget Ann Gorman
New Address.....
Subscribed and sworn to before me this 28 day of October, 19 64
Claude Hughes Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:
Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day of....., 19.....
.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the .....County.....Court by written order issued.....and filed in.....authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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 November, 1964, authorizing the joining together as husband and wife John Patrick Gorman, Jr and Bridget ann Gorman
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Rev Thomas P Carey hereby certify that on the 3rd day of November, one thousand nine hundred and 64 at Indianapolis, County of Marion, State of Indiana, Groom John Patrick Gorman, Jr of Hendricks County, State of Ind and, Bride Bridget Ann Gorman of Hendricks County, State of Ind, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of Hendricks County.
Dated this 3rd day of November, 19 64.

Signed Rev. Thomas P. Carey
Official Designation Pastor of Christ the King Church

Filed and recorded in accordance with the laws of the State of Indiana this 4 day of November, 19 64.
Signed Claude Hughes Clerk
Hendricks Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 305
File Book 28
Oct. 29-1964
Date of Application

MALE
Medical Examination Report Dated October 29-1964
Name of Physician John Elliott Jr M.D.

FEMALE
Medical Examination Report Dated October 29-1964
Name of Physician John Elliott Jr M.D.

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First David Middle Eugene Last Brown
Date of Birth: Month April Day 7 Year 1943
Place of Birth (State or foreign country): Indianapolis Marion Co. Ind
Residence Address: R R 2 Coatesville Street or R. R. Hendricks City County Ind State
Previous Marital Status: Never Married ☑ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify).....
Usual Occupation Barber
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) Drivers License

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☑ Yes ☐
   If answer to 3 is "yes" has the cause of such condition been removed? No ☑ Yes ☐
4. Are you afflicted with a transmissible disease? No ☑ Yes ☐
5. Are you related to the bride closer than second cousin? No ☑ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
8. Are you able to support a family? Yes ☑ No ☐
9. Are you likely to so continue? Yes ☑ No ☐
10. Do you have minor children from one or more former marriages? No ☐ Yes ☐
    (If yes, answer questions a, b, c)
    (a) List their full names, ages and addresses
    Name Age Address
    (b) Are you supporting or contributing to their support? Yes ☐ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father Herbert L Brown
    Residence of father (if deceased so state) Coatesville R 2
    Occupation of father Barber Race of father W.
    Birthplace of father (State or foreign country) Davis Co Indiana
12. Full maiden name of mother Anna Edna Danby
    Residence of mother (if deceased so state) Coatesville R 2
    Occupation of mother Housewife Drug Store Clerk. Race of mother W
    Birthplace of mother (State or foreign country) Perry Co. Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.
Signed David Eugene Brown
New Address.....
Subscribed and sworn to before me this 29 day of October, 19 64
Claude Hughes Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:
Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day of....., 19.....
.....Clerk

FEMALE APPLICANT

Name: First Janice Middle Ann Last Harper
Date of Birth: Month October Day 29 Year 1946.
Place of Birth (State or foreign country) Indianapolis Marion Co. Indiana
Residence Address: Amo Street or R. R. 7 Vandrike City Hendricks County Indiana State
Maiden Name if Different
Previous Marital Status: Never Married ☑ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify).....
Usual Occupation unemployed
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) Drivers License

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
7. Full name of father Joe Marley Harper
   Residence of father (if deceased so state) Amo Indiana
   Occupation of father Truck Driver Race of father W.
   Birthplace of father (State or foreign country) Indianapolis Ind
8. Full maiden name of mother Leanna Eileen Ludlow
   Residence of mother (if deceased so state) Amo Indiana
   Occupation of mother Housewife Race of mother W.
   Birthplace of mother (State or foreign country) Indianapolis Ind

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.
Signed Janice Ann Harper
New Address.....
Subscribed and sworn to before me this 29 day of October, 19 64
Claude Hughes Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:
Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day of....., 19.....
.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the
.....County.....Court by written order issued.....and filed
in.....authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* Hendricks *Circuit Court of Indiana dated the* 2 *day of* November, 19 64, *authorizing the joining together as husband and wife* David Eugene Brown *and* Janice Ann Harper.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Rev. Robert Phillips *hereby certify that on the* 7th *day of* November, *one thousand nine hundred and* 64, *at* Amo, *County of* Hendricks, *State of Indiana, Groom* David Brown *of* Hendricks *County, State of* Indiana, *and, Bride* Janice Ann Harper *of* Hendricks *County, State of* Indiana, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* Hendricks *County.*
Dated this 7 *day of* November, 19 64.

Signed Rev. Robert Phillips
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 13 *day of* November, 19 64.
Signed Claude Hughes *Clerk*
Hendricks *Circuit Court*

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 306

File

Oct 29, 1964
Date of Application

MALE
Medical Examination Report Dated 10-27-64
Name of Physician George O. Avery, M.D.

FEMALE
Medical Examination Report Dated 10-27-64
Name of Physician George O. Avery, M.D.

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Charles, Middle William, Last Pedigo

Date of Birth: Month Feb, Day 27, Year 1933

Place of Birth (State or foreign country) Pittsboro, Ind.

Residence Address: Street or R. R. R#2, City Plainfield, County Hendricks, State Ind.

Previous Marital Status: Never Married ☐ Number of Previous Marriages 1

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

Color or Race: White ☑ Negro ☐ Other ☐ (specify)

Usual Occupation Truck Driver-Ivy Ready Mix

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree ☑ Other (Specify)

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☑ Yes ☐
   If answer to 3 is "yes" has the cause of such condition been removed? No ☑ Yes ☐
4. Are you afflicted with a transmissible disease? No ☑ Yes ☐
5. Are you related to the bride closer than second cousin? No ☑ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
8. Are you able to support a family? Yes ☑ No ☐
9. Are you likely to so continue? Yes ☑ No ☐
10. Do you have minor children from one or more former marriages? No ☐ Yes ☑
    (If yes, answer questions a, b, c)
    (a) List their full names, ages and addresses

Name	Age	Address
Cathy Lynn Pedigo	9	Plainfield, Ind.
Janet Kaye Pedigo	7	" "
Sherry Lee Pedigo	5	" "

    (b) Are you supporting or contributing to their support? Yes ☑ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☑ No ☐
11. Full name of father Lloyd A. Pedigo
    Residence of father (if deceased so state) Brownsburg, Ind.
    Occupation of father Used Car Dealer Race of father White
    Birthplace of father (State or foreign country) Royalton, Indiana
12. Full maiden name of mother Mamie Smith
    Residence of mother (if deceased so state) Brownsburg, Ind.
    Occupation of mother housewife Race of mother White
    Birthplace of mother (State or foreign country) Pittsboro, Ind.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Charles William Pedigo

New Address

Subscribed and sworn to before me this 29 day of Oct, 1964

Claude Hughes Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of ..... } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

FEMALE APPLICANT

Name: First Janice, Middle L., Last Walker

Date of Birth: Month November, Day 29, Year 1940

Place of Birth (State or foreign country) Plainfield, Ind.

Residence Address: Street or R. R. 318 N. Vine Street, City Plainfield, County Hend., State Ind.

Maiden Name if Different

Previous Marital Status: Never Married ☐ Number of Previous Marriages 1

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

Color or Race: White ☑ Negro ☐ Other ☐ (specify)

Usual Occupation

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree ☑ Other (Specify)

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
7. Full name of father Russell Cremmings
   Residence of father (if deceased so state) Plainfield Ind.
   Occupation of father J. D. Adams Race of father White
   Birthplace of father (State or foreign country) Indiana
8. Full maiden name of mother Vera Crews
   Residence of mother (if deceased so state) Plainfield Ind.
   Occupation of mother housewife Race of mother White
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Janice L. Walker

New Address

Subscribed and sworn to before me this 29 day of Oct, 1964

Claude Hughes Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the ..... County ..... Court by written order issued ..... and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* Hendricks *Circuit Court of Indiana dated the* 2 *day of* November, 19 64, *authorizing the joining together as husband and wife* Charles William Pedigo *and* Janice L. Walker

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, O. T. Hancock *hereby certify that on the* 3rd *day of* November, *one thousand nine hundred and* 64 *at* Plainfield, *County of* Hendricks, *State of Indiana, Groom* Charles William Pedigo *of* Hendricks *County, State of* Indiana, *and, Bride* Janice L. 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 3rd *day of* November, 19 64.

Signed O. T. Hancock

Official Designation Justice of Peace

Filed and recorded in accordance with the laws of the State of Indiana this 9th *day of* November, 19 64.

Signed Claude Hughes *Clerk*

Hendricks *Circuit Court*

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 307

File

Oct 31, 1964
Date of Application

MALE
Medical Examination Report Dated 10-19-64
Name of Physician James Black

FEMALE
Medical Examination Report Dated 10-19-64
Name of Physician James Black

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Gareth Middle Merle Last Fultz

Date of Birth: Month 4 Day 30 Year 1941

Place of Birth (State or foreign country) Lebanon Ind.

Residence Address: Street or R. R. 830 W. Poplar City Zionsville County Boone State Ind.

Previous Marital Status: Never Married ☑ Number of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race: White ☑ Negro ☐ Other ☐ (specify)

Usual Occupation File Clerk

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree ☑ Other (Specify) Drivers License

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☑ Yes ☐
   If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☑ Yes ☐
5. Are you related to the bride closer than second cousin? No ☑ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
8. Are you able to support a family? Yes ☑ No ☐
9. Are you likely to so continue? Yes ☑ No ☐
10. Do you have minor children from one or more former marriages? No ☐ Yes ☐
    (If yes, answer questions a, b, c)
    (a) List their full names, ages and addresses
    Name Age Address
    (b) Are you supporting or contributing to their support? Yes ☐ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father Donald J. Fultz
    Residence of father (if deceased so state) Deceased
    Occupation of father Race of father White
    Birthplace of father (State or foreign country) Zionsville, Ind.
12. Full maiden name of mother Ruth M. Rouns
    Residence of mother (if deceased so state) Zionsville, Ind.
    Occupation of mother Teller Race of mother White
    Birthplace of mother (State or foreign country) Ralston Ind.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Gareth Merle Fultz

New Address

Subscribed and sworn to before me this 31 day of Oct, 1964
Claude Hughes Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

FEMALE APPLICANT

Name: First Lyda Middle Louise Last Rice

Date of Birth: Month 8 Day 23 Year 1943

Place of Birth (State or foreign country) Lafayette, Ind.

Residence Address: Street or R. R. Rt 1 Box 149 City Brownsburg County Hendricks State Ind.

Maiden Name if Different

Previous Marital Status: Never Married ☑ Number of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race: White ☑ Negro ☐ Other ☐ (specify)

Usual Occupation File Clerk

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree ☑ Other (Specify) Drivers License

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
7. Full name of father Floyd Rice
   Residence of father (if deceased so state) Brownsburg, Ind.
   Occupation of father Pipe Fitter Race of father White
   Birthplace of father (State or foreign country) Indpls. Ind.
8. Full maiden name of mother Jean Isabelle Jackson
   Residence of mother (if deceased so state) Brownsburg, Ind.
   Occupation of mother Dentist Asst Race of mother White
   Birthplace of mother (State or foreign country) Indpls, Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Lyda Louise Rice

New Address

Subscribed and sworn to before me this 31 day of Oct, 1964
Claude Hughes Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the ..... County ..... Court by written order issued ..... and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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* November, 19 64, *authorizing the joining together as husband and wife* Gareth Merle Fultz *and* Lyda Louise Rice

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Rev Donald Tyler *hereby certify that on the* 7th *day of* November, *one thousand nine hundred and* 64 *at* Brownsburg, *State of Indiana, Groom* Gareth Merle Fultz *of* Boone *County, State of* Indiana, *and, Bride* Lyda Louise Rice *of* Hendricks *County, State of* Indiana, *were by me united 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* November, 19 64.

Signed Rev Donald Tyler

Official Designation Baptist Church

Filed and recorded in accordance with the laws of the State of Indiana this 16 *day of* November, 19 64.

Signed Claude Hughes Clerk

Hendricks Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 308

File

Oct 31, 1964
Date of Application

MALE
Medical Examination Report Dated Oct 26, 1964
Name of Physician L. E. Foltz, M.D.

FEMALE
Medical Examination Report Dated Oct 29, 1764
Name of Physician Richard Worley

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Donald Middle Robert Last Ray

Date of Birth: Month Aug Day 1 Year 1938

Place of Birth (State or foreign country) Brownsburg, Ind.

Residence Address: Street or R.R. 18 East College Ave. City Brownsburg County Hend. State Ind.

Previous Marital Status: Never Married ☐ Number of Previous Marriages 1

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

Color or Race: White ☑ Negro ☐ Other ☐ (specify)

Usual Occupation Process Operator - Eli Lilly

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☑ Other (Specify) Driver's License

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☑ Yes ☐
   If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☑ Yes ☐
5. Are you related to the bride closer than second cousin? No ☑ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
8. Are you able to support a family? Yes ☑ No ☐
9. Are you likely to so continue? Yes ☑ No ☐
10. Do you have minor children from one or more former marriages? No ☐ Yes ☑
    (If yes, answer questions a, b, c)
    (a) List their full names, ages and addresses

Name	Age	Address
Glenda Jane Ray	6	Brownsburg, Ind.
James Alan Ray	4	" "

(b) Are you supporting or contributing to their support? Yes ☐ No ☐
(c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐

11. Full name of father Glendon Chester Ray
    Residence of father (if deceased so state) Brownsburg, Ind.
    Occupation of father Tool Grinder Race of father White
    Birthplace of father (State or foreign country) Danville Ind.
12. Full maiden name of mother Beatrice Pauline Parsons
    Residence of mother (if deceased so state) Brownsburg, Ind.
    Occupation of mother Secretary Race of mother White
    Birthplace of mother (State or foreign country) Brownsburg, Ind

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Donald R. Ray

New Address

Subscribed and sworn to before me this 31 day of Oct, 19 64

Claude Hughes Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

FEMALE APPLICANT

Name: First Carolyn Middle Sue Last Flanigan

Date of Birth: Month Oct Day 13 Year 1939

Place of Birth (State or foreign country) Scottsburg Ind.

Residence Address: Street or R. R. 750 E. Sumner, City Indpls. County Marion State Ind.

Maiden Name if Different Carolyn Sue Chilton

Previous Marital Status: Never Married ☐ Number of Previous Marriages 2

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

Color or Race: White ☑ Negro ☐ Other ☐ (specify)

Usual Occupation Secretary - Ind. Nat Bank.

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☐ Other (Specify)

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
7. Full name of father William L. Chilton
   Residence of father (if deceased so state) 750 E. Sumner Ind.
   Occupation of father School Employee Race of father White
   Birthplace of father (State or foreign country) Kentucky
8. Full maiden name of mother Susie LeCompte
   Residence of mother (if deceased so state) 750 E. Sumner
   Occupation of mother Housewife Race of mother White
   Birthplace of mother (State or foreign country) Kentucky

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Carolyn Sue Flanigan

New Address

Subscribed and sworn to before me this 31 day of Oct, 19 64

Claude Hughes Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the ..... County ..... Court by written order issued ..... and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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* November, 19 64, *authorizing the joining together as husband and wife* Donald Robert Ray *and* Carolyn Sue Flanigan

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, William L. Chilton *hereby certify that on the* 6 *day of* November, *one thousand nine hundred and* Sixty four *at* Indianapolis, *County of* Marion, *State of Indiana, Groom* Donald Robert Ray *of* Hendricks *County, State of* Indiana, *and, Bride* Carolyn Sue Flanigan *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 4 *day of* November, 19 64.

Signed William L. Chilton

Official Designation Licensed minister

Filed and recorded in accordance with the laws of the State of Indiana this 9 *day of* November, 19 64.

Signed Claude Hughes *Clerk*

Hendricks *Circuit Court*

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 309

File

Oct 31, 1964
Date of Application

MALE
Medical Examination Report Dated 10-30-64
Name of Physician Paul Stanley Lewis, M.D.

FEMALE
Medical Examination Report Dated Oct 21, 1964
Name of Physician D. J. C. Boling 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 Garrett Middle Wesley Last Simmons

Date of Birth: Month 9 Day 29 Year 1942

Place of Birth (State or foreign country) Indpls. Ind.

Residence Address: 7220 Rockville Rd. Indpls Marion Ind.
Street or R. R. City County State

Previous Marital Status: Never Married ☑ Number of Previous Marriages.....

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race: White ☑ Negro ☐ Other ☐ (specify).....

Usual Occupation Draftsman

Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) Driver's License

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☑ Yes ☐
   If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☑ Yes ☐
5. Are you related to the bride closer than second cousin? No ☑ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
8. Are you able to support a family? Yes ☑ No ☐
9. Are you likely to so continue? Yes ☑ No ☐
10. Do you have minor children from one or more former marriages? No ☐ Yes ☐
    (If yes, answer questions a, b, c)
    (a) List their full names, ages and addresses

    Name Age Address

    (b) Are you supporting or contributing to their support? Yes ☐ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father Robert Lee Simmons
    Residence of father (if deceased so state) Marion Co. Indiana
    Occupation of father City Policeman Race of father White
    Birthplace of father (State or foreign country) Indpls Ind.
12. Full maiden name of mother Martha Jane Ross
    Residence of mother (if deceased so state) Marion Co. Indiana
    Occupation of mother housewife Race of mother White
    Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Garrett W. Simmons

New Address.....

Subscribed and sworn to before me this 31 day of Oct, 1964

Claude Hughes Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

FEMALE APPLICANT

Name: First Diane Middle Elaine Last Leonard

Date of Birth: Month 8 Day 14 Year 1946 ✓

Place of Birth (State or foreign country) Indpls. Ind.

Residence Address: 14 Ridgewood Ct. Plainfield Hend Ind.
Street or R. R. City County State

Maiden Name if Different

Previous Marital Status: Never Married ☑ Number of Previous Marriages.....

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race: White ☑ Negro ☐ Other ☐ (specify).....

Usual Occupation Billing Clerk

Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify).....

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
7. Full name of father Russell Forbes Leonard
   Residence of father (if deceased so state) Plainfield Ind.
   Occupation of father Auditor Race of father White
   Birthplace of father (State or foreign country) Indiana
8. Full maiden name of mother Norma Ella Taylor
   Residence of mother (if deceased so state) Plainfield Ind.
   Occupation of mother housewife Race of mother White
   Birthplace of mother (State or foreign country) Illinois

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Diane Elaine Leonard

New Address.....

Subscribed and sworn to before me this 31 day of Oct, 1964

Claude Hughes Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the.....County.....Court by written order issued.....and filed in.....authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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* November, 19 64, *authorizing the joining together as husband and wife* Garrett Wesley Simmons *and* Diane Elaine Leonard

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Marlin Dawson *hereby certify that on the* 7th *day of* November, *one thousand nine hundred and* sixty-four *at* Plainfield, *County of* Hendricks, *State of Indiana, Groom* Garrett Wesley Simmons *of* Marion *County, State of* Indiana, *and, Bride* Diane Elaine Leonard *of* Hendricks *County, State of* Indiana, *were by me united 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* November, 19 64.

Signed Marlin Dawson

Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 10 *day of* November, 19 64.

Signed Claude Hughes Clerk

Hendricks Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 310
File Book 28
November 2-1964
Date of Application

MALE
Medical Examination Report Dated Oct 28-1964
Name of Physician Thomas M. Walker M.D.

FEMALE
Medical Examination Report Dated Oct 28-1964
Name of Physician Thomas M. Walker M.D.

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Jon Middle Bartel Last Thorsen
Date of Birth: Month April Day 25 Year 1938
Place of Birth (State or foreign country) Colorado Springs Colo.
Residence Address: Street or R. R. Lizton City Hendricks County State Indiana
Previous Marital Status: Never Married ☐ Number of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify)
Usual Occupation Truck Driver
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) Selective Service Card.

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☑ Yes ☐
   If answer to 3 is "yes" has the cause of such condition been removed? No ☑ Yes ☐
4. Are you afflicted with a transmissible disease? No ☑ Yes ☐
5. Are you related to the bride closer than second cousin? No ☑ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
8. Are you able to support a family? Yes ☑ No ☐
9. Are you likely to so continue? Yes ☑ No ☐
10. Do you have minor children from one or more former marriages? No ☐ Yes ☑
    (If yes, answer questions a, b, c)
    (a) List their full names, ages and addresses

Name	Age	Address
Jon Bartel Thorsen	4	Pompano Beach Fla
Legal Idea appointed by Judge.		

    (b) Are you supporting or contributing to their support? Yes ☐ No ☑
    (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☒
11. Full name of father Soren Thorsen
    Residence of father (if deceased so state) 24 Garden Dr Colorado Springs
    Occupation of father Laborer Race of father W.
    Birthplace of father (State or foreign country) Chicago Illinois
12. Full maiden name of mother Elizabeth Winterger
    Residence of mother (if deceased so state) deceased
    Occupation of mother — Race of mother W.
    Birthplace of mother (State or foreign country) Colorado Springs Colo

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Jon B. Thorsen
New Address

Subscribed and sworn to before me this 2 day of November, 19 64
Claude Hughes Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day of ....., 19.....
..... Clerk

FEMALE APPLICANT

Name: First Ruby Middle Gayle Last Leathers
Date of Birth: Month August Day 7 Year 1943
Place of Birth (State or foreign country) Hendricks County Indiana
Residence Address: Street or R. R. Lizton City Hendricks County State Ind.
Maiden Name if Different
Previous Marital Status: Never Married ☑ Number of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify)
Usual Occupation Book Keeper
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) Driver Permit

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
7. Full name of father Homer Leathers
   Residence of father (if deceased so state) Lizton Hendricks Co. Ind.
   Occupation of father Laborer Race of father W
   Birthplace of father (State or foreign country) Spencer Indiana
8. Full maiden name of mother Leona Muriel Rose
   Residence of mother (if deceased so state) Lizton Hendricks Co Ind
   Occupation of mother Housewife Race of mother W.
   Birthplace of mother (State or foreign country) Ohio

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Ruby Gayle Leathers
New Address

Subscribed and sworn to before me this 2 day of November, 19 64
Claude Hughes Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day of ....., 19.....
..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the ..... County ..... Court by written order issued ..... and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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 November, 19 64, authorizing the joining together as husband and wife Jon Bartel Thorsen and Ruby Gayle Leathers

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Harold V. Comer hereby certify that on the 6th day of November, one thousand nine hundred and 64 at Brownsburg, County of Hendricks, State of Indiana, Groom Jon Bartel Thorsen of Hendricks County, State of Indiana, and, Bride Ruby Gayle Leathers of Hendricks County, State of Indiana, were by me united 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 November, 19 64.

Signed Harold V. Comer
Official Designation Evangelist

Filed and recorded in accordance with the laws of the State of Indiana this 9 day of November, 19 64.

Signed Claude Hughes Clerk
Hendricks Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 311

File

November 2, 1964
Date of Application

MALE
Medical Examination Report Dated Oct 30, 1964
Name of Physician M. O. Scamahorn, M.D.

FEMALE
Medical Examination Report Dated Oct 30, 1964
Name of Physician M. O. Scamahorn, 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 Henry Last Stristelmeier Jr

Date of Birth: Month Nov Day 3 Year 1943

Place of Birth (State or foreign country) Indpls, Ind.

Residence Address: Street or R. R. 5510 N. Delaware City Indpls County Marion State Ind.

Previous Marital Status: Never Married ☑ Number of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race: White ☑ Negro ☐ Other ☐ (specify)

Usual Occupation Farmer

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree ☑ Other (Specify) Driver's License

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☑ Yes ☐
   If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☑ Yes ☐
5. Are you related to the bride closer than second cousin? No ☑ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
8. Are you able to support a family? Yes ☑ No ☐
9. Are you likely to so continue? Yes ☑ No ☐
10. Do you have minor children from one or more former marriages? No ☐ Yes ☐
    (If yes, answer questions a, b, c)
    (a) List their full names, ages and addresses

Name	Age	Address

    (b) Are you supporting or contributing to their support? Yes ☐ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father James H. Stristelmeier
    Residence of father (if deceased so state) Indpls, Ind.
    Occupation of father salesman Race of father White
    Birthplace of father (State or foreign country) Chicago, Illinois
12. Full maiden name of mother Mildred Wyoma Stristelmeier
    Residence of mother (if deceased so state) Indpls, Ind.
    Occupation of mother housewife Race of mother White
    Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed James Henry Stristelmeier Jr

New Address

Subscribed and sworn to before me this 2 day of November, 19 64

Claude Hughes Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed Father

Signed Mother

Subscribed and sworn to before me this day of , 19

Clerk

FEMALE APPLICANT

Name: First Mary Middle Evelyn Last Smith

Date of Birth: Month Aug Day 23 Year 1945

Place of Birth (State or foreign country) Tipton, Indiana

Residence Address: Street or R. R. North Salem City North Salem County Hendricks State Ind.

Maiden Name if Different

Previous Marital Status: Never Married ☑ Number of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race: White ☑ Negro ☐ Other ☐ (specify)

Usual Occupation —

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree ☑ Other (Specify) Driver's License

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
7. Full name of father Hubert Leslie Smith
   Residence of father (if deceased so state) North Salem, Ind.
   Occupation of father farmer Race of father white
   Birthplace of father (State or foreign country) Wayne Co., Ky
8. Full maiden name of mother Ottie Pearl Marcum
   Residence of mother (if deceased so state) North Salem, Ind.
   Occupation of mother housewife Race of mother white
   Birthplace of mother (State or foreign country) Wayne Co., Ky

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Mary Evelyn Smith

New Address

Subscribed and sworn to before me this 2 day of November, 1964

Claude Hughes Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed Father

Signed Mother

Subscribed and sworn to before me this day of , 19

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the

County Court by written order issued and filed

in authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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 November, 1964, authorizing the joining together as husband and wife James Henry Stristelmeier Jr and Mary Evelyn Smith

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Edgar Bynum hereby certify that on the 7th day of November, one thousand nine hundred and sixty-four at Brides' Home, County of Hendricks, State of Indiana, Groom James Henry Stristelmeier of Marion County, State of Indiana, and, Bride Mary Evelyn 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 7th day of November, 1964.

Signed Edgar Bynum

Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 14 day of November, 1964

Signed Claude Hughes Clerk

Hendricks Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 312
File Book 28
Nov 4-1964.
Date of Application

MALE
Medical Examination Report Dated Oct 27-64
Name of Physician N. Sherster M.D.

FEMALE
Medical Examination Report Dated Oct 27-1964
Name of Physician N. Sherster 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 Charles Middle Edward Last Bishop
Date of Birth: Month June Day 9 Year 1932
Place of Birth (State or foreign country): Indianapolis Marion Co Indiana
Residence Address: Street or R. R. R2 Box 336 City Indpls 31 County Hendricks Co. State Indiana
Previous Marital Status: Never Married ☐ Number of Previous Marriages 2
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify)
Usual Occupation
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) Chauffers Lic B210-32749

1. Are you now or have you been adjudged, diagnosed or considered as: An Imbecile? No ☑ Yes ☐ Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☑ Yes ☐ If answer to 3 is "yes" has the cause of such condition been removed? No ☑ Yes ☐
4. Are you afflicted with a transmissible disease? No ☑ Yes ☐
5. Are you related to the bride closer than second cousin? No ☑ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
8. Are you able to support a family? Yes ☑ No ☐
9. Are you likely to so continue? Yes ☑ No ☐
10. Do you have minor children from one or more former marriages? No ☐ Yes ☑ (If yes, answer questions a, b, c)
(a) List their full names, ages and addresses

Name	Age	Address
Dr. Eugene Bishop	3	Conby Indiana

(b) Are you supporting or contributing to their support? Yes ☑ No ☐
(c) Are you complying with any court order or orders issued for their support? Yes ☑ No ☐

11. Full name of father Sam Bishop
Residence of father (if deceased so state) deceased
Occupation of father Race of father W
Birthplace of father (State or foreign country) Clay Co Ky
12. Full maiden name of mother Mary Mobley
Residence of mother (if deceased so state) R2 Box 336 Indpls 31
Occupation of mother housewife Race of mother W
Birthplace of mother (State or foreign country) Kentucky

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.
Signed Charles Edward Bishop
New Address
Subscribed and sworn to before me this 4 day of November, 1964
Claude Hughes. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:
Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day of ....., 19.....
..... Clerk

FEMALE APPLICANT

Name: First Anna Middle Louise Last Brodburn
Date of Birth: Month November Day 12 Year 1929.
Place of Birth (State or foreign country) Franklin Indiana
Residence Address: Street or R. R. 560 E Bridge City Mooresville County Morgan State Ind.
Maiden Name if Different Anna Louise Colee
Previous Marital Status: Never Married ☐ Number of Previous Marriages 3
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify)
Usual Occupation unemployed
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) Drivers Licence

1. Are you now or have you been adjudged, diagnosed or considered as: An Imbecile? No ☑ Yes ☐ Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
7. Full name of father Lloyd Colee
Residence of father (if deceased so state) Plainfield
Occupation of father Race of father W
Birthplace of father (State or foreign country) Mooresville Ind
8. Full maiden name of mother Della May Smithers
Residence of mother (if deceased so state) Lake Village Indiana
Occupation of mother housewife Race of mother W
Birthplace of mother (State or foreign country) Liberty Ky

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.
Signed Anna Louise Bradburn
New Address
Subscribed and sworn to before me this 4 day of November, 1964
Claude Hughes. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:
Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day of ....., 19.....
..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the ..... County ..... Court by written order issued ..... and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the Hendricks Circuit Court of Indiana dated the 9 day of November, 1964, authorizing the joining together as husband and wife Charles Edward Bishop and Anna Louise Bradburn

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, R. B. Pickard hereby certify that on the 9th day of November, one thousand nine hundred and 64 at Danville, County of Hendricks, State of Indiana, Groom Charles Edward Bishop of Hendricks County, State of Indiana, and, Bride Anna Louise Brodburn 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 10 day of November, 1964.

Signed R. B. Pickard
Official Designation J. P.

Filed and recorded in accordance with the laws of the State of Indiana this 10 day of November, 1964.

Signed Claude Hughes Clerk
Hendricks Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 313

File

Nov 6, 1964
Date of Application

MALE
Medical Examination Report Dated Nov. 4, 1964
Name of Physician David B. Haggard, M.D.

FEMALE
Medical Examination Report Dated Nov. 4, 1964
Name of Physician David B. Haggard, M.D.

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Harold Middle J. Last Beason

Date of Birth: Month 6 Day 6 Year 1932

Place of Birth (State or foreign country) Danville, Ind.

Residence Address: Street or R. R. 202 S. Kentucky City Danville County Hend. State Ind.

Previous Marital Status: Never Married ☐ Number of Previous Marriages 1

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

Color or Race: White ☑ Negro ☐ Other ☐ (specify)

Usual Occupation Route Salesman

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☑ Other (Specify)

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☑ Yes ☐
   If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☑ Yes ☐
5. Are you related to the bride closer than second cousin? No ☑ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
8. Are you able to support a family? Yes ☑ No ☐
9. Are you likely to so continue? Yes ☑ No ☐
10. Do you have minor children from one or more former marriages? No ☐ Yes ☑
    (If yes, answer questions a, b, c)
    (a) List their full names, ages and addresses

Name	Age	Address
Michael Harold Beason	11	Plainfield, Ind
Joseph Allen Beason	5	" "

    (b) Are you supporting or contributing to their support? Yes ☑ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☑ No ☐
11. Full name of father
    Residence of father (if deceased so state)
    Occupation of father Race of father White
    Birthplace of father (State or foreign country)
12. Full maiden name of mother Geraldine Beason
    Residence of mother (if deceased so state) Danville, R.R. #1
    Occupation of mother Race of mother White
    Birthplace of mother (State or foreign country) Danville, Ind.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Harold J Beason

New Address

Subscribed and sworn to before me this 6 day of November, 1964

Claude Hughes Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed Father

Signed Mother

Subscribed and sworn to before me this 6 day of November, 1964

Claude Hughes Clerk

FEMALE APPLICANT

Name: First Sandra Middle Lou Last Wood

Date of Birth: Month 2 Day 3 Year 1940

Place of Birth (State or foreign country) Danville, Illinois

Residence Address: Street or R. R. 140 Crawford St City Clayton County Hend. State Ind.

Maiden Name if Different

Previous Marital Status: Never Married ☐ Number of Previous Marriages 1

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

Color or Race: White ☑ Negro ☐ Other ☐ (specify)

Usual Occupation ——

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☑ Other (Specify) Driver's License

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
7. Full name of father Elmer H. Dee
   Residence of father (if deceased so state) 140 Crawford St. Clayton
   Occupation of father Fireman P.R.R. Race of father White
   Birthplace of father (State or foreign country) Extra R.R. Covington, Ind.
8. Full maiden name of mother Beulah E. Pratt
   Residence of mother (if deceased so state) 140 Crawford St Clayton
   Occupation of mother Housewife Race of mother White
   Birthplace of mother (State or foreign country) Tilton, Illinois

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Sandra Lou Wood

New Address

Subscribed and sworn to before me this 6 day of November, 1964

Claude Hughes Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed Father

Signed Mother

Subscribed and sworn to before me this 6 day of November, 1964

Claude Hughes 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 11-7-64 and filed in Clerk's Office authorizes and directs the issuance of a marriage license to the above named parties. 3 days waived

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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* November, 19 64, *authorizing the joining together as husband and wife* Harold J. Beason *and* Sandra Lou Wood

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Eugene E. Crawley *hereby certify that on the* 7th *day of* November, *one thousand nine hundred and* 64, *at* Plainfield, *County of* Hendricks, *State of Indiana, Groom* Harold J. Beason *and, Bride* Sandra Lou Wood *of* Hendricks *County, State of* Indiana, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* Hendricks *County.*

Dated this 7th *day of* November, 19 64.

Signed Eugene E Crawley

Official Designation Justice of Peace

Filed and recorded in accordance with the laws of the State of Indiana this 10 *day of* November, 19 64.

Signed Claude Hughes Clerk

Hendricks Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 314

File

Nov. 7, 1964
Date of Application

MALE
Medical Examination Report Dated Oct 27, 1964
Name of Physician M. M. Aikin

FEMALE
Medical Examination Report Dated Oct. 27, 1964
Name of Physician M. M. Aikin

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Hollis Middle Clark Last Hodson

Date of Birth: Month Sept. Day 14 Year 1914

Place of Birth (State or foreign country) Hendricks Co

Residence Address: Street or R. R. 402 Harlan City Plainfield County Hendricks State Ind

Previous Marital Status: Never Married ☐ Number of Previous Marriages one

Last Marriage Ended By: Death ☑ Divorce ☐ Annulment ☐

Color or Race: White ☑ Negro ☐ Other ☐ (specify)

Usual Occupation Buyer I. U. M. C.

Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☑ Yes ☐
   If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☑ Yes ☐
5. Are you related to the bride closer than second cousin? No ☑ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
8. Are you able to support a family? Yes ☑ No ☐
9. Are you likely to so continue? Yes ☑ No ☐
10. Do you have minor children from one or more former marriages? No ☐ Yes ☐
    (If yes, answer questions a, b, c)
    (a) List their full names, ages and addresses

Name	Age	Address
Barbara (age 20), Marylyn (19)		Joel (15)
Prudence (13) Hollis D (10)		all
living at 402 Harlan with father		

    (b) Are you supporting or contributing to their support? Yes ☑ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐

11. Full name of father Walter M. Hodson
    Residence of father (if deceased so state) Deceased
    Occupation of father ..... Race of father wh.
    Birthplace of father (State or foreign country) Ano Ind
12. Full maiden name of mother Myrtle D. Edwards
    Residence of mother (if deceased so state) Ano Ind
    Occupation of mother Housewife Race of mother wh
    Birthplace of mother (State or foreign country) Coatesville Ind

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Hollis C. Hodson

New Address

Subscribed and sworn to before me this 7 day of Nov., 19 64

Claude Hughes Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

FEMALE APPLICANT

Name: First Margery Middle Clark Last Rutherford

Date of Birth: Month Jan Day 28 Year 1922

Place of Birth (State or foreign country) Marion Co.

Residence Address: Street or R. R. 510 S. Carr City Plainfield County Hendricks State Ind

Maiden Name if Different Margery Clark

Previous Marital Status: Never Married ☐ Number of Previous Marriages one

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

Color or Race: White ☑ Negro ☐ Other ☐ (specify)

Usual Occupation School Teacher

Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
7. Full name of father George L. Clark
   Residence of father (if deceased so state) Deceased
   Occupation of father ..... Race of father wh.
   Birthplace of father (State or foreign country) Rushville Ind
8. Full maiden name of mother Margaret Harvey
   Residence of mother (if deceased so state) Marcy Lane Edwards.
   Occupation of mother House wife Race of mother wh.
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Margery C. Rutherford

New Address

Subscribed and sworn to before me this 7 day of Nov., 19 64

Claude Hughes Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the ..... County ..... Court by written order issued ..... and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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* November, 19 64, *authorizing the joining together as husband and wife* Hollis Clark Hodson *and* Margery Clark Rutherford

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Donald F. McMahon *hereby certify that on the* 22nd *day of* November, *one thousand nine hundred and* 64 *at* Plainfield, *County of* Hendricks, *State of Indiana, Groom* Hollis Clark Hodson *of* Hendricks *County, State of* Indiana *and, Bride* Margery Clark Rutherford *of* Hendricks *County, State of* Indiana, *were 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* November, 19 64.

Signed Donald F. McMahon

Official Designation Methodist Clergy

Filed and recorded in accordance with the laws of the State of Indiana this 24 *day of* November, 19 64.

Signed Claude Hughes *Clerk*
Hendricks *Circuit Court*

126

No. 315

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

File

Nov 7 1964
Date of Application

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

MALE
Medical Examination Report Dated 11-6-64
Name of Physician M. M. Aiken

FEMALE
Medical Examination Report Dated 11-6-64
Name of Physician M. Aiken

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Harold, Middle Rufo, Last Flynn

Date of Birth: Month Nov. Day 3 Year 1943

Place of Birth (State or foreign country) Linton, Indiana

Residence Address: Street or R. R. 4056 W. Michgan St. City Indpls County Hend. State Ind.

Previous Marital Status: Never Married ☑ Number of Previous Marriages.....

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race: White ☑ Negro ☐ Other ☐ (specify).....

Usual Occupation Gotlieb Brothers

Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree

☐ Other (Specify).....

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☑ Yes ☐
   If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☑ Yes ☐
5. Are you related to the bride closer than second cousin? No ☑ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
8. Are you able to support a family? Yes ☑ No ☐
9. Are you likely to so continue? Yes ☑ No ☐
10. Do you have minor children from one or more former marriages? No ☐ Yes ☐
    (If yes, answer questions a, b, c)
    (a) List their full names, ages and addresses

    Name Age Address

    (b) Are you supporting or contributing to their support? Yes ☐ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father Samuel Rufo Flynn
    Residence of father (if deceased so state) Deceased
    Occupation of father..... Race of father White
    Birthplace of father (State or foreign country) Indiana
12. Full maiden name of mother Hlenna Maxine Wright
    Residence of mother (if deceased so state) Deceased
    Occupation of mother..... Race of mother White
    Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Harold Rufo Flynn

New Address.....

Subscribed and sworn to before me this 7 day of November, 1964.

Claude Hughes Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

FEMALE APPLICANT

Name: First Mary, Middle Ellen, Last Jones

Date of Birth: Month December Day 9 Year 1945

Place of Birth (State or foreign country) Bridgeport, Ind.

Residence Address: Street or R. R. RR #2 Box 448 City Indpls County Hend. State Ind.

Maiden Name if Different

Previous Marital Status: Never Married ☑ Number of Previous Marriages.....

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race: White ☑ Negro ☐ Other ☐ (specify).....

Usual Occupation Steno

Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree

☐ Other (Specify).....

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
7. Full name of father Verlie E. Jones
   Residence of father (if deceased so state) Indpls, Ind.
   Occupation of father Horse Horse Foreman Race of father White
   Birthplace of father (State or foreign country) Indiana
8. Full maiden name of mother Marjorie Lucille Morton
   Residence of mother (if deceased so state) Indpls, Ind.
   Occupation of mother Housewife Race of mother White
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Mary Ellen Jones

New Address.....

Subscribed and sworn to before me this 7 day of November, 1964.

Claude Hughes Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the.....County.....Court by written order issued.....and filed in.....authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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* November, 19 64, *authorizing the joining together as husband and wife* Harold Rufo Flynn *and* Mary Ellen Jones

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Ross E. Vandine *hereby certify that on the* 12th *day of* November, *one thousand nine hundred and* 64 *at* Indianapolis, *County of* Marion, *State of Indiana, Groom* Harold Rufo Flynn *of* Marion *County, State of* Indiana *and, Bride* Mary Ellen 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 12 *day of* November, 19 64.

Signed Ross E. Vandine

Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 14 *day of* November, 19 64.

Signed Claude Hughes *Clerk*

Hendricks *Circuit Court*

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 315

File

Nov 7 1964
Date of Application

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

MALE
Medical Examination Report Dated 11-6-64
Name of Physician M. M. Aikens

FEMALE
Medical Examination Report Dated 11-6-64
Name of Physician M. Aikens

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be f

Name First
Date of Birth
Place of Birth (State or
Residence Address
4056 W.
Previous Marital Status:
Last Marriage Ended By
Color or Race W
Usual Occupation
Date of birth verified by

☐ Other (Specify)....

1. Are you now or have
   An Imbecile?
   Of Unsound Min
2. Are you under guard
3. Are you now or hav
   home for indigent pe
   If answer to 3 is "y
4. Are you afflicted w
5. Are you related to
6. Are you now unde
7. Are you now unde
8. Are you able to s
9. Are you likely to
10. Do you have mino
    (If yes, answer qu
    (a) List their full
        Nam
    (b) Are you suppo
    (c) Are you compl
        their support?
11. Full name of fath
    Residence of fathe
    Occupation of fat
    Birthplace of fath
12. Full maiden name
    Residence of moth
    Occupation of mo
    Birthplace of mo

State of Indiana,
County of HE

Subscribed and sw
Cla

CONSENT OF PA

We, the parents, o
signs, state facts

State of Indiana,
County of H

Subscribed and sw

KNUTE F. DOBKINS
CHIEF U. S. PROBATION OFFICER
W. W. PENCE
EDWARD PARKS
WEBSTER L. BREWER
U. S. PROBATION OFFICERS

UNITED STATES DISTRICT COURT
U. S. PROBATION OFFICE
SOUTHERN DISTRICT OF INDIANA

222 U. S. COURTHOUSE
INDIANAPOLIS,
INDIANA 46204
TEL: ME 3-7321

November 12, 1964

Clerk,
Hendricks County
Court House
Danville, Indiana

Re: Harold Rufo FLYNN
M - W - DOB 11/3/43

Dear Sir:

We understand that you need a letter of authority for Harold Rufo Flynn to marry Mary Jones.

We have no objection to issuance of a license for this purpose.

Sincerely yours,

Knute F. Dobkins

Knute F. Dobkins,
Chief U. S. Probation Officer

KFD:m

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the ..... County ..... Court by written order issued ..... and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties. Harold

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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 November, 19 64, authorizing the joining together as husband and wife Harold Rufo Flynn and Mary Ellen Jones

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Ross E. Vandine hereby certify that on the 12th day of November one thousand nine hundred and 64 at Indianapolis, County of Marion, State of Indiana, Groom Harold Rufo Flynn of Marion County, State of Indiana, and, Bride Mary Ellen 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 12 day of November, 19 64.

Signed Ross E. Vandine
Official Designation minister

Filed and recorded in accordance with the laws of the State of Indiana this 14 day of November, 19 64.

Signed Claude Hughes Clerk
Hendricks Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 316

File

Nov 7 - 1964
Date of Application

MALE
Medical Examination Report Dated 10-23-64
Name of Physician Lloyd A Terry MD

FEMALE
Medical Examination Report Dated 10-23-64
Name of Physician Lloyd A Terry MD

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Paul Middle Michael Last Leach

Date of Birth: Month July Day 11 Year 1946

Place of Birth (State or foreign country): Indianapolis Ind.

Residence Address: Street or R. R. 479 A Wayne City Danville County ____ State Ind.

Previous Marital Status: Never Married ☒ Number of Previous Marriages.....

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race: White ☒ Negro ☐ Other ☐ (specify).....

Usual Occupation: County Surveyors office

Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree

☐ Other (Specify).....

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☒ Yes ☐
   Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
   If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☒ Yes ☐
5. Are you related to the bride closer than second cousin? No ☒ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
8. Are you able to support a family? Yes ☒ No ☐
9. Are you likely to so continue? Yes ☒ No ☐
10. Do you have minor children from one or more former marriages? No ☐ Yes ☐
    (If yes, answer questions a, b, c)
    (a) List their full names, ages and addresses

    Name Age Address

    (b) Are you supporting or contributing to their support? Yes ☐ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father Russell Byron Leach
    Residence of father (if deceased so state) Danville
    Occupation of father Truck Driver Race of father W
    Birthplace of father (State or foreign country) Indiana
12. Full maiden name of mother Alice June Patterson
    Residence of mother (if deceased so state) Danville
    Occupation of mother Secretary Race of mother W
    Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Paul Michael Leach

New Address.....

Subscribed and sworn to before me this 7 day of Nov, 1964
Claude Hughes Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

Parents consent notarized statement attached

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this 7 day of Nov, 1964
Claude Hughes Clerk

FEMALE APPLICANT

Name: First Barbara Middle Anne Last Morgason

Date of Birth: Month Oct Day 5 Year 1946

Place of Birth (State or foreign country): Raeford N Carolina

Residence Address: Rt 2 Box 93A Street or R. R. Danville City ____ County ____ State Ind.

Maiden Name if Different

Previous Marital Status: Never Married ☒ Number of Previous Marriages.....

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race: White ☒ Negro ☐ Other ☐ (specify).....

Usual Occupation: Secretary

Date of birth verified by: ☒ Birth Cert. ☑ Judicial Decree

☐ Other (Specify).....

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☒ Yes ☐
   Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you afflicted with a transmissible disease? No ☒ Yes ☐
4. Are you related to the groom closer than second cousin? No ☒ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
7. Full name of father Horace Morgason
   Residence of father (if deceased so state) Danville
   Occupation of father Bus Driver Race of father W
   Birthplace of father (State or foreign country) Indiana
8. Full maiden name of mother Pauline Clark
   Residence of mother (if deceased so state) Danville
   Occupation of mother Factory work Race of mother W
   Birthplace of mother (State or foreign country) N Carolina

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Barbara Anne Morgason

New Address.....

Subscribed and sworn to before me this 7 day of Nov, 1964
Claude Hughes Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....
.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the .....County.....Court by written order issued.....and filed in.....authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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 November, 1964, authorizing the joining together as husband and wife Paul Michael Leach and Barbara Anne Morgason

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, David L. Barnett hereby certify that on the 21 day of November one thousand nine hundred and Sixty-Four at Bartlett Chapel Methodist Church, County of Hendricks, State of Indiana, Groom Paul Michael Leach of Hendricks County, State of Indiana, and, Bride Barbara Anne Morgason of Hendricks County, State of Indiana, were by me united 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 November, 1964.

Signed David L Barnett
Official Designation Minister of the Gospel Methodist Church

Filed and recorded in accordance with the laws of the State of Indiana this 24 day of November, 1964.

Signed Claude Hughes Clerk
Hendricks Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 316

File

Nov 7 - 1964
Date of Application

MALE
Medical Examination Report Dated 10-23-64
Name of Physician Lloyd A Terry M D.

FEMALE
Medical Examination Report Dated 10-23-64
Name of Physician Lloyd A Terry M D

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Paul Middle Michael Last Leach

Date of Birth: Month July Day 11 Year 1946

Place of Birth (State or foreign country): Indianapolis Ind.

Residence Address: 479 A Wayne Street or R. R. Danville City County State Ind.

Previous Marital Status: Never Married ☒ Number of Previous Marriages.....

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race: White ☒ Negro ☐ Other ☐ (specify).....

Usual Occupation: County Surveyors Office

Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree

☐ Other (Specify).....

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Subscribed and sworn to before me this 7 day of Nov, 19 64.
Claude Hughes Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....
Parents Consent
Notarized Statement Attached

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this 7 day of Nov, 19 64.
Claude Hughes Clerk

FEMALE APPLICANT

Name: First Barbara Middle Anne Last Morgason

Date of Birth: Month Oct Day 5 Year 1946

Place of Birth (State or foreign country): Rayford N. Carolina

Residence Address: Rt 2 Box 932 Street or R. R. Danville City County State Ind.

Maiden Name if Different

Previous Marital Status: Never Married ☒ Number of Previous Marriages.....

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race: White ☒ Negro ☐ Other ☐ (specify).....

Usual Occupation: Secretary

I give my permission to Paul Michael Leach to purchase a marriage license.

Russell B. Leach
Alice J Leach

Subscribed and sworn to me this 3rd day of November 1964

My Commission expires Feb. 13, 1967

NOTARY PUBLIC SEAL INDIANA

FILED
NOV 7 1964
Claude Hughes
CLERK HENDRICKS CIRCUIT COURT

Shirley I. Darnell
Notary Public

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of.....19.....

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the .....County.....Court by written order issued.....and filed in.....authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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* November, 1964, *authorizing the joining together as husband and wife* Paul Michael Leach *and* Barbara Anne Morgason

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, David L. Barnett, hereby certify that on the 21 day of november, one thousand nine hundred and Sixty-Four at Bartlett Chapel Methodist Church, County of Hendricks, State of Indiana, Groom Paul Michael Leach of Hendricks County, State of Indiana, and, Bride Barbara Anne Morgason of Hendricks County, State of Indiana, were by me united 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 november, 1964.

Signed David L Barnett
Official Designation Minister of the Gospel of Methodist Church

Filed and recorded in accordance with the laws of the State of Indiana this 24 *day of* november, 1964.

Signed Claude Hughes Clerk
Hendricks Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 317

File

Nov 9, 1964
Date of Application

MALE
Medical Examination Report Dated Nov 6, 1964
Name of Physician John Ellett, Jr M.D.

FEMALE
Medical Examination Report Dated Nov. 6, 1964
Name of Physician John Ellett Jr. M.D.

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Albert Middle E. Last Stierwalt

Date of Birth: Month April Day 16 Year 1893

Place of Birth (State or foreign country) Morgan County

Residence Address: Street or R. R. Stilesville City Hendricks County Ind. State

Previous Marital Status: Never Married ☒ Number of Previous Marriages 1

Last Marriage Ended By: Death ☒ Divorce ☐ Annulment ☐

Color or Race: White ☒ Negro ☐ Other ☐ (specify)

Usual Occupation Retired

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree

☒ Other (Specify)

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☒ Yes ☐
   Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
   If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☒ Yes ☐
5. Are you related to the bride closer than second cousin? No ☒ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
8. Are you able to support a family? Yes ☒ No ☐
9. Are you likely to so continue? Yes ☒ No ☐
10. Do you have minor children from one or more former marriages? No ☐ Yes ☐
    (If yes, answer questions a, b, c)
    (a) List their full names, ages and addresses

    Name Age Address

    (b) Are you supporting or contributing to their support? Yes ☐ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father Joseph Stierwalt
    Residence of father (if deceased so state) deceased
    Occupation of father Race of father White
    Birthplace of father (State or foreign country) Indiana
12. Full maiden name of mother Minnie Steward
    Residence of mother (if deceased so state) deceased
    Occupation of mother Race of mother White
    Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Albert E Stierwalt

New Address

Subscribed and sworn to before me this 9 day of November, 1964.

Claude Hughes Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed Father

Signed Mother

Subscribed and sworn to before me this day of , 19 .

Clerk

FEMALE APPLICANT

Name: First Malissie Middle E. Last Milhon

Date of Birth: Month May Day 12 Year 1900

Place of Birth (State or foreign country) Putnam Co. Indiana

Residence Address: Street or R. R. RR #1 City Stilesville County Hendricks State Ind.

Maiden Name if Different Malissie E. Butler

Previous Marital Status: Never Married ☐ Number of Previous Marriages 1

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

Color or Race: White ☒ Negro ☐ Other ☐ (specify)

Usual Occupation housewife

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree

☒ Other (Specify)

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☒ Yes ☐
   Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you afflicted with a transmissible disease? No ☒ Yes ☐
4. Are you related to the groom closer than second cousin? No ☒ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
7. Full name of father John Allen Butler
   Residence of father (if deceased so state) deceased
   Occupation of father Race of father White
   Birthplace of father (State or foreign country) Putnam Co. Ind.
8. Full maiden name of mother Octavia Buis
   Residence of mother (if deceased so state) deceased
   Occupation of mother Race of mother White
   Birthplace of mother (State or foreign country) Putnam Co Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Malissie Milhon

New Address

Subscribed and sworn to before me this 9 day of November, 1964.

Claude Hughes Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed Father

Signed Mother

Subscribed and sworn to before me this day of , 19 .

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the

County Court by written order issued and filed in authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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* November ; 19 63, *authorizing the joining together as husband and wife* Albert E Stierwalt *and* Malissie E Milhon
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Rev. John Newton *hereby certify that on the* 14 *day of* November, *one thousand nine hundred and* 64 *at* Adams Twp, *County of* Morgan, *State of Indiana, Groom* Albert E. Stierwalt *of* Hendricks *County, State of* Indiana *and, Bride* Malissie E. Milhon *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 14 *day of* November, 19 64.

Signed Rev. John Newton
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 18 *day of* November, 19 64.

Signed Claude Hughes *Clerk*
Hendricks *Circuit Court*

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 218

File Nov 10-1964
Date of Application

MALE
Medical Examination Report Dated 11-6-64
Name of Physician Lloyd A Terry M.D.

FEMALE
Medical Examination Report Dated 11-6-64
Name of Physician Lloyd A Terry 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 Howard Middle Noble Last Burtner

Date of Birth: Month 8 Day 9 Year 40

Place of Birth (State or foreign country) Whitestown Ind.

Residence Address: Street or R. R. Box 117 City Whitestown County Bone State Ind.

Previous Marital Status: Never Married ☒ Number of Previous Marriages.....

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race: White ☒ Negro ☐ Other ☐ (specify).....

Usual Occupation milk man

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) Drivers License

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☒ Yes ☐
   Of Unsound Mind? No ☐ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
   If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☒ Yes ☐
5. Are you related to the bride closer than second cousin? No ☒ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
8. Are you able to support a family? Yes ☒ No ☐
9. Are you likely to so continue? Yes ☒ No ☐
10. Do you have minor children from one or more former marriages? No ☐ Yes ☐
    (If yes, answer questions a, b, c)
    (a) List their full names, ages and addresses

    Name Age Address

    .....
    .....
    .....

    (b) Are you supporting or contributing to their support? Yes ☐ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father Hobart E Burtner
    Residence of father (if deceased so state) Whitestown
    Occupation of father Factory Worker Race of father W
    Birthplace of father (State or foreign country) Oklahoma
12. Full maiden name of mother Sabina Pearl Reiber
    Residence of mother (if deceased so state) Whitestown
    Occupation of mother housewife Race of mother W
    Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Howard N. Burtner

New Address.....

Subscribed and sworn to before me this 10 day of November, 19 64

Claude Hughes Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

.....
.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

FEMALE APPLICANT

Name: First Patricia Middle L. Last Huntley

Date of Birth: Month November Day 27 Year 1943

Place of Birth (State or foreign country) Detroit Michigan

Residence Address: Street or R. R. R2 City Coatesville County Hend. State Ind.

Maiden Name if Different

Previous Marital Status: Never Married ☒ Number of Previous Marriages.....

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race: White ☒ Negro ☐ Other ☐ (specify).....

Usual Occupation Clerk Typist

Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree
☐ Other (Specify).....

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☒ Yes ☐
   Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you afflicted with a transmissible disease? No ☒ Yes ☐
4. Are you related to the groom closer than second cousin? No ☒ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
7. Full name of father William Hudson Huntley
   Residence of father (if deceased so state).....
   Occupation of father..... Race of father.....
   Birthplace of father (State or foreign country).....
8. Full maiden name of mother Virginia Louise Harbrueger
   Residence of mother (if deceased so state).....
   Occupation of mother..... Race of mother.....
   Birthplace of mother (State or foreign country).....

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Patricia L. Huntley

New Address.....

Subscribed and sworn to before me this 10 day of Nov., 19 64

Claude Hughes Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

.....
.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the .....County.....Court by written order issued.....and filed in.....authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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* November, 19 64, *authorizing the joining together as husband and wife* Howard Noble Burtner *and* Patricia L. Huntley

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Harry H. Howell *hereby certify that on the* 14 *day of* November, *one thousand nine hundred and* 64 *at* New Winchester, *County of* Hendricks, *State of Indiana, Groom* Howard Noble Burtner *of* Boone *County, State of* Indiana, *and, Bride* Patricia L. Huntley *of* Hendricks *County, State of* Indiana, *were by me united 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* November, 19 64.

Signed Harry H. Howell

Official Designation Baptist Minister

Filed and recorded in accordance with the laws of the State of Indiana this 2 *day of* December, 19 64

Signed Claude Hughes Clerk

Hendricks Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 319
File Book 28
Nov 13-1964
Date of Application

MALE
Medical Examination Report Dated November 9-1964
Name of Physician Irving Cohen M.D.

FEMALE
Medical Examination Report Dated November 9-1964
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 William Middle Allen Last Walker

Date of Birth: Month May Day 16 Year 1937

Place of Birth (State or foreign country): Hasburg Indiana

Residence Address: 508 Harding Street City Plainfield County Hendr State Ind.

Previous Marital Status: Never Married ☐ Number of Previous Marriages 1

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

Color or Race: White ☑ Negro ☐ Other ☐ (specify)

Usual Occupation Tool & Dye maker

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) Drivers License

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☑ Yes ☐
   If answer to 3 is "yes" has the cause of such condition been removed? No ☑ Yes ☐
4. Are you afflicted with a transmissible disease? No ☑ Yes ☐
5. Are you related to the bride closer than second cousin? No ☑ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
8. Are you able to support a family? Yes ☑ No ☐
9. Are you likely to so continue? Yes ☑ No ☐
10. Do you have minor children from one or more former marriages? No ☐ Yes ☑
    (If yes, answer questions a, b, c)
    (a) List their full names, ages and addresses Has custody of children

Name	Age	Address
Robin Lee	7	508 Harding St. Plfd
Terry Aleen	5	" " "
Dennis Jay	3	" " "

    (b) Are you supporting or contributing to their support? Yes ☐ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☑
11. Full name of father Forest Walker
    Residence of father (if deceased so state) Atlanta Georgia
    Occupation of father Laborer Race of father W
    Birthplace of father (State or foreign country) Alexandria Ind
12. Full maiden name of mother Fanny Maire McQuistin
    Residence of mother (if deceased so state) 508 Harding St. Plfd
    Occupation of mother Housewife Race of mother W.
    Birthplace of mother (State or foreign country) Monrovia Ind.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed William A Walker

New Address

Subscribed and sworn to before me this 13 day of November, 19 64

Claude Hughes Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

FEMALE APPLICANT

Name: First Ernestine Middle — Last Pedigo

Date of Birth: Month December Day 17 Year 1935

Place of Birth (State or foreign country) Vermillion Co. Indiana

Residence Address: 504 Harding Street City Plainfield County Hendricks State Ind.

Maiden Name if Different Ernestine Bennett

Previous Marital Status: Never Married ☐ Number of Previous Marriages 1

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

Color or Race: White ☑ Negro ☐ Other ☐ (specify)

Usual Occupation Cashier

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) Birth Certificate

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
7. Full name of father James Bennett
   Residence of father (if deceased so state) deceased
   Occupation of father Race of father W
   Birthplace of father (State or foreign country) Indiana
8. Full maiden name of mother Bell Cain
   Residence of mother (if deceased so state) deceased
   Occupation of mother Race of mother W.
   Birthplace of mother (State or foreign country) Kentucky

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Ernestine Pedigo

New Address 508 Harding St.

Subscribed and sworn to before me this 13 day of November, 19 64

Claude Hughes Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day 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 November 13 and filed in Circuit authorizes and directs the issuance of a marriage license to the above named parties. 3 da Waiver

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the Hendrick Circuit Court of Indiana dated the 13 day of November, 19 64, authorizing the joining together as husband and wife William Allen Walker and Ernestine Pedigo

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Eugene E. Crawley hereby certify that on the 13th day of November, one thousand nine hundred and 64 at Plainfield, County of Hendricks, State of Indiana, Groom William Allen Walker of Hendricks County, State of Indiana, and, Bride Ernestine Pedigo of Hendricks County, State of Indiana, were by me united 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 November, 19 64.

Signed Eugene E. Crawley
Official Designation Justice of Peace

Filed and recorded in accordance with the laws of the State of Indiana this 16 day of November, 19 64.

Signed Claude Hughes Clerk
Hendricks Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 320

HENDRICKS County

File

Nov 14-1964
Date of Application

MALE
Medical Examination Report Dated Nov. 9-1964
Name of Physician Lloyd A Terry M.D.

FEMALE
Medical Examination Report Dated Nov 9-1964
Name of Physician Lloyd A. Terry 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 H Last Davis

Date of Birth: Month July Day 31 Year 1938

Place of Birth (State or foreign country): Benton Ill.

Residence Address: Box 162 Street or R. R. Clayton City Hend. County Ind. State

Previous Marital Status: Never Married ☐ Number of Previous Marriages: Once

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

Color or Race: White ☒ Negro ☐ Other ☐ (specify)

Usual Occupation: Trending Car Inspector RR.

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) Drivers License

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☒ Yes ☐
   Of Unsound Mind? No ☐ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☐ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☐ Yes ☐
   If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☐ Yes ☐
5. Are you related to the bride closer than second cousin? No ☐ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
8. Are you able to support a family? Yes ☐ No ☐
9. Are you likely to so continue? Yes ☐ No ☐
10. Do you have minor children from one or more former marriages? No ☐ Yes ☐
    (If yes, answer questions a, b, c)
    (a) List their full names, ages and addresses

    Name Age Address

    (b) Are you supporting or contributing to their support? Yes ☐ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father
    Residence of father (if deceased so state)
    Occupation of father Race of father
    Birthplace of father (State or foreign country)
12. Full maiden name of mother
    Residence of mother (if deceased so state)
    Occupation of mother Race of mother
    Birthplace of mother (State or foreign country)

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed

New Address

Subscribed and sworn to before me this day of , 19

Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed Father

Signed Mother

Subscribed and sworn to before me this day of , 19

Clerk

FEMALE APPLICANT

Name: First Wanda Middle Lea Last Hutchison

Date of Birth: Month Feb Day 10 Year 1942

Place of Birth (State or foreign country): Rush Kentucky

Residence Address: Street or R. R. Clayton City Hend. County Ind. State

Maiden Name if Different

Previous Marital Status: Never Married ☒ Number of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race: White ☒ Negro ☐ Other ☐ (specify)

Usual Occupation: none

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☐ Other (Specify)

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☒ Yes ☐
   Of Unsound Mind? No ☐ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☐ Yes ☐
3. Are you afflicted with a transmissible disease? No ☐ Yes ☐
4. Are you related to the groom closer than second cousin? No ☐ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
7. Full name of father
   Residence of father (if deceased so state)
   Occupation of father Race of father
   Birthplace of father (State or foreign country)
8. Full maiden name of mother
   Residence of mother (if deceased so state)
   Occupation of mother Race of mother
   Birthplace of mother (State or foreign country)

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed

New Address

Subscribed and sworn to before me this day of , 19

HENDRICKS Clerk Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed Father

Signed Mother

Subscribed and sworn to before me this day of , 19

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the County Court by written order issued and filed in authorizes and directs the issuance of a marriage license to the above named parties.

RETURN 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, hereby certify that on the day of , one thousand nine hundred and at , County of , State of Indiana, Groom of County, State of , and, Bride of County, State of , were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of County.

Dated this day of , 19.

Signed

Official Designation

Filed and recorded in accordance with the laws of the State of Indiana this day of , 19.

Clerk

Signed

Circuit Court

Void see page 136 — Nov 20, 1964 application

Party refused to go on with application after finding out girl had to produce some record of birthdate and they had to wait 3 days

11-14-64

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

No. 320

SE

File

Nov 14-1964
Date of Application

MALE
Medical Examination Report Dated

Name of Physician L Lloyd

on Report Dated Nov 9-1964
L Lloyd A. Terry M.D.

ALL QUESTIONS MUST BE ANSWERED. Ch
tion or pretense shall be fined in any sum not

issuance of a license to marry by any false statement, representa-

MALE AP

Name First James

Date of Birth Month July

Place of Birth (State or foreign country)

Residence Address 73 Rd 162 Street or R. R. Crayon

FEMALE APPLICANT

da Middle Lea Last Hutchison

Month Day 10 Year 1942

oreign country) Rush

Street or R. R. Clayton City Hend. County Ky. State

Maiden Name if Different

Previous Marital Status: Never Married ☐ Number of Previous Marriages Once

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

Color or Race White ☒ Negro ☐ Other ☐ (specify)

Usual Occupation Traveling Car Inspector RR.

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree

☐ Other (Specify) Drivers License

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☒ Yes ☐
   Of Unsound Mind? No ☐ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☐ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☐ Yes ☐
   If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☐ Yes ☐
5. Are you related to the bride closer than second cousin? No ☐ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
8. Are you able to support a family? Yes ☐ No ☐
9. Are you likely to so continue? Yes ☐ No ☐
10. Do you have minor children from one or more former marriages? No ☐ Yes ☐
    (If yes, answer questions a, b, c)
    (a) List their full names, ages and addresses

    Name Age Address

    (b) Are you supporting or contributing to their support? Yes ☐ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father
    Residence of father (if deceased so state)
    Occupation of father Race of father
    Birthplace of father (State or foreign country)
12. Full maiden name of mother
    Residence of mother (if deceased so state)
    Occupation of mother Race of mother
    Birthplace of mother (State or foreign country)

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed

New Address

Subscribed and sworn to before me this day of , 19

Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed Father

Signed Mother

Subscribed and sworn to before me this day of , 19

Clerk

Previous Marital Status: Never Married ☒ Number of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race White ☒ Negro ☐ Other ☐ (specify)

Usual Occupation none

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☒ Yes ☐
   Of Unsound Mind? No ☐ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☐ Yes ☐
3. Are you afflicted with a transmissible disease? No ☐ Yes ☐
4. Are you related to the groom closer than second cousin? No ☐ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
7. Full name of father
   Residence of father (if deceased so state)
   Occupation of father Race of father
   Birthplace of father (State or foreign country)
8. Full maiden name of mother
   Residence of mother (if deceased so state)
   Occupation of mother Race of mother
   Birthplace of mother (State or foreign country)

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed

New Address

Subscribed and sworn to before me this day of , 19

Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed Father

Signed Mother

Subscribed and sworn to before me this day of , 19

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the County Court by written order issued and filed in authorizes and directs the issuance of a marriage license to the above named parties.

RETURN 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, hereby certify that on the day of , one thousand nine hundred and at , County of , State of Indiana, Groom of County, State of , and, Bride of County, State of , were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of County.

Dated this day of , 19 .

Signed

Official Designation

Filed and recorded in accordance with the laws of the State of Indiana this day of , 19 .

Signed Clerk

Circuit Court

Void see page 136 — Nov 20, 1964 application

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 321

File

Nov. 14, 1964
Date of Application

MALE
Medical Examination Report Dated Nov. 12, 1964
Name of Physician Charles E. Jones, M.D.

FEMALE
Medical Examination Report Dated Nov 14/1964
Name of Physician Joseph W. Kennedy 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)".

female ~~MALE~~ APPLICANT

Name — First: Melva Middle: Jean Last: Tinder

Date of Birth — Month: May Day: 24 Year: 1937

Place of Birth (State or foreign country): Dodds Indiana

Residence Address — Street or R. R.: 253 E. Indiana City: Danville County: Hend State: Ind.

Previous Marital Status: Never Married ☑ Number of Previous Marriages.....

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race: White ☑ Negro ☐ Other ☐ (specify).....

Usual Occupation: Steno

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree ☑ Other (Specify).....

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☑ Yes ☐
   If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☑ Yes ☐
5. Are you related to the bride closer than second cousin? No ☑ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
8. Are you able to support a family? Yes ☑ No ☐
9. Are you likely to so continue? Yes ☑ No ☐
10. Do you have minor children from one or more former marriages? No ☐ Yes ☐
    (If yes, answer questions a, b, c)
    (a) List their full names, ages and addresses

Name	Age	Address

(b) Are you supporting or contributing to their support? Yes ☐ No ☐
(c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐

11. Full name of father: Leon Oscar Tinder
    Residence of father (if deceased so state): R R 2 Danville
    Occupation of father: farmer Race of father: Wh.
    Birthplace of father (State or foreign country): Indiana
12. Full maiden name of mother: Yetive Dagnon Wisehart
    Residence of mother (if deceased so state): 253 E. Indiana Danville
    Occupation of mother: housewife Race of mother: White
    Birthplace of mother (State or foreign country): Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed: Melva J. Tinder

New Address.....

Subscribed and sworn to before me this 14 day of Nov., 1964

Claude Hughes Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

male ~~FEMALE~~ APPLICANT

Name — First: Theodore Middle: M. Last: Koch

Date of Birth — Month: Feb Day: 15 Year: 1938

Place of Birth (State or foreign country): Scranton, Pa.

Residence Address — Street or R. R.: 7777 W. Washington City: Indpls County: Marion State: Ind.

Maiden Name if Different

Previous Marital Status: Never Married ☑ Number of Previous Marriages.....

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race: White ☑ Negro ☐ Other ☐ (specify).....

Usual Occupation: attorney

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree ☑ Other (Specify).....

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
7. Full name of father: Theodore Alfred Koch
   Residence of father (if deceased so state): Scranton, Pa.
   Occupation of father: Interior Decorator Race of father: white
   Birthplace of father (State or foreign country): Pa.
8. Full maiden name of mother: Virginia Ruth Creeder
   Residence of mother (if deceased so state): Scranton Pa.
   Occupation of mother: housewife Race of mother: white
   Birthplace of mother (State or foreign country).....

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed: Theodore M. Koch

New Address.....

Subscribed and sworn to before me this 14 day of Nov, 1964

Claude Hughes Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the Hendricks County Circuit Court by written order issued..... and filed in..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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* November, 19 64, *authorizing the joining together as husband and wife* Theodore M. Koch *and* Melva Jean Tinder
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Lloyd B. King *hereby certify that on the* 25 *day of* November, *one thousand nine hundred and* 64, *at* Danville, *County of* Hendricks, *State of Indiana, Groom* Theodore M. Koch *and, Bride* Melva Jean Tinder *of* Marion *County, State of* Indiana *of* Hendricks *County, State of* Indiana, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* Hendricks *County.*
Dated this 25 *day of* November, 19 64.

Signed Lloyd B King
Official Designation Friends Minister

Filed and recorded in accordance with the laws of the State of Indiana this 27 *day of* November, 19 64.

Signed Claude Hughes *Clerk*
Hendricks *Circuit Court*

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 322

File

Nov. 16-1964
Date of Application

MALE
Medical Examination Report Dated 11-11-64
Name of Physician L. E Foltz M. D.

FEMALE
Medical Examination Report Dated 11-10-64
Name of Physician L. E. Foltz 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 Walter Middle — Last Cozad

Date of Birth: Month March Day 21 Year 1904

Place of Birth (State or foreign country): Brookston Ind.

Residence Address: Street or R. R. 108 Prairie Parkway City Brownsburg County — State Ind.

Previous Marital Status: Never Married ☐ Number of Previous Marriages once.

Last Marriage Ended By: Death ☒ Divorce ☐ Annulment ☐

Color or Race: White ☒ Negro ☐ Other ☐ (specify)

Usual Occupation: Patrolman allisons

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) Drivers License

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☒ Yes ☐
   Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
   If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☒ Yes ☐
5. Are you related to the bride closer than second cousin? No ☒ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
8. Are you able to support a family? Yes ☒ No ☐
9. Are you likely to so continue? Yes ☒ No ☐
10. Do you have minor children from one or more former marriages? No ☐ Yes ☐
    (If yes, answer questions a, b, c)
    (a) List their full names, ages and addresses

    Name — Age — Address

    (b) Are you supporting or contributing to their support? Yes ☐ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father Elmer Cozad
    Residence of father (if deceased so state) Deceased
    Occupation of father — Race of father W
    Birthplace of father (State or foreign country) Indiana
12. Full maiden name of mother Alice Underwood
    Residence of mother (if deceased so state) Deceased
    Occupation of mother — Race of mother W
    Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed

New Address

Subscribed and sworn to before me this 16 day of Nov, 19 64
Claude Hughes Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed Father

Signed Mother

Subscribed and sworn to before me this day of , 19

Clerk

FEMALE APPLICANT

Name: First Allison Middle — Last Fox

Date of Birth: Month Sept Day 9 Year 1913

Place of Birth (State or foreign country): Pittsboro Ind.

Residence Address: Street or R. R. Brownsburg City County State Ind.

Maiden Name if Different Allison Stonebraker

Previous Marital Status: Never Married ☐ Number of Previous Marriages once.

Last Marriage Ended By: Death ☒ Divorce ☐ Annulment ☐

Color or Race: White ☒ Negro ☐ Other ☐ (specify)

Usual Occupation Library clerk

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) Drivers License

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☒ Yes ☐
   Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you afflicted with a transmissible disease? No ☒ Yes ☐
4. Are you related to the groom closer than second cousin? No ☒ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
7. Full name of father Mell Stonebraker
   Residence of father (if deceased so state) Deceased
   Occupation of father — Race of father W
   Birthplace of father (State or foreign country) Indiana
8. Full maiden name of mother Ella Johnson
   Residence of mother (if deceased so state) Deceased
   Occupation of mother — Race of mother W
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed

New Address

Subscribed and sworn to before me this 16 day of Nov. 64
Claude Hughes Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed Father

Signed Mother

Subscribed and sworn to before me this day 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 Nov 16-1964 and filed in Circuit Court authorizes and directs the issuance of a marriage license to the above named parties. 3 days Waived

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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* November, 19 64, *authorizing the joining together as husband and wife* Walter Cozad *and* Allison Fox

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Father Paul A. Eward *hereby certify that on the* 18 *day of* November, *one thousand nine hundred and* 64 *at* Brownsburg, *County of* Hendricks, *State of Indiana, Groom* Walter Cozard *of* Hendricks *County, State of* Indiana, *and, Bride* Allison Fox *of* Hendricks *County, State of* Indiana, *were by me united 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* November, 19 64.

Signed Paul A. Eward

Official Designation Priest

Filed and recorded in accordance with the laws of the State of Indiana this 23 *day of* November, 19 64.

Signed Claude Hughes Clerk
Hendricks Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 323

File

Nov 17, 1964
Date of Application

MALE
Medical Examination Report Dated 11-17-64
Name of Physician Irving Cohen

FEMALE
Medical Examination Report Dated 11-17-64
Name of Physician Irving Cohen

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First David Middle M. Last Stevenson

Date of Birth: Month Oct Day 12 Year 1935

Place of Birth (State or foreign country) Indpls Ind.

Residence Address: Street or R. R. R #1 City Stilesville County Hendricks State Ind.

Previous Marital Status: Never Married ☒ Number of Previous Marriages.....

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race: White ☒ Negro ☐ Other ☐ (specify).....

Usual Occupation U. S. Air Force

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) D. D. Card.

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☒ Yes ☐
   Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
   If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☒ Yes ☐
5. Are you related to the bride closer than second cousin? No ☒ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
8. Are you able to support a family? Yes ☒ No ☐
9. Are you likely to so continue? Yes ☒ No ☐
10. Do you have minor children from one or more former marriages? No ☐ Yes ☐
    (If yes, answer questions a, b, c)
    (a) List their full names, ages and addresses

Name	Age	Address

    (b) Are you supporting or contributing to their support? Yes ☐ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father Robert Louis Stevenson
    Residence of father (if deceased so state) R #1 Stilesville
    Occupation of father Tire Belt Race of father White
    Birthplace of father (State or foreign country) Peru Indiana
12. Full maiden name of mother Helen Louise Sharp
    Residence of mother (if deceased so state) RR 5 Rockville Rd Indpls
    Occupation of mother Secretary Race of mother White
    Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed David M. Stevenson

New Address.....

Subscribed and sworn to before me this 17 day of November, 19 64

Claude Hughes Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of 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 has legal custody.

State of Indiana, County of HENDRICKS } ss:

Signed Robert L. Stevenson Father

Signed..... Mother

Subscribed and sworn to before me this 18 day of Nov., 1964

Claude Hughes Clerk

FEMALE APPLICANT

Name: First Mildred Middle Louise Last Spear

Date of Birth: Month Feb Day 28 Year 1946

Place of Birth (State or foreign country) Tipton Indiana

Residence Address: Street or R. R. R #1 Box 340 City Clayton County Hend State Ind.

Maiden Name if Different

Previous Marital Status: Never Married ☒ Number of Previous Marriages.....

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race: White ☒ Negro ☐ Other ☐ (specify).....

Usual Occupation Typist Indiana Insurance Co.

Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree
☐ Other (Specify).....

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☒ Yes ☐
   Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you afflicted with a transmissible disease? No ☒ Yes ☐
4. Are you related to the groom closer than second cousin? No ☒ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
7. Full name of father Earl Denzil Spear
   Residence of father (if deceased so state) deceased
   Occupation of father..... Race of father White
   Birthplace of father (State or foreign country) Clay Co. Tenn.
8. Full maiden name of mother Cora Hatcher
   Residence of mother (if deceased so state) R #1 Clayton
   Occupation of mother housewife Race of mother white
   Birthplace of mother (State or foreign country) Monroe Co. Ky.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Mildred Louise Spear

New Address.....

Subscribed and sworn to before me this 17 day of November, 19 64

Claude Hughes Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the.....County.....Court by written order issued.....and filed in.....authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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, 19 64 *authorizing the joining together as husband and wife* David M. Stevenson *and* Mildred Louise Spear

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Edward O Roberts *hereby certify that on the* 21 *day of* November, *one thousand nine hundred and* 64 *at* Indianapolis, *County of* Marion, *State of Indiana, Groom* David M. Stevenson *of* Hendricks *County, State of* Indiana, *and, Bride* Mildred L. 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 21 *day of* November, 19 64.

Signed Edward O Roberts

Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 24 *day of* November, 19 64.

Signed Claude Hughes *Clerk*
Hendricks *Circuit Court*

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 324

File

Nov 18, 1964
Date of Application

MALE
Medical Examination Report Dated Nov. 9, 1964
Name of Physician Thomas P. Chase, M.D.

FEMALE
Medical Examination Report Dated Nov. 9, 1964
Name of Physician Thomas P. Chase, 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 Chester; Middle Bradley; Last Patrick

Date of Birth: Month Oct; Day 17; Year 1947

Place of Birth (State or foreign country) Sadlps, Ind.

Residence Address: Street or R. R. RR #2 Box 71; City Plainfield; County Hend.; State Ind.

Previous Marital Status: Never Married ☑ Number of Previous Marriages.....

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race: White ☑ Negro ☐ Other ☐ (specify).....

Usual Occupation Stock boy.

Date of birth verified by: ☑ Birth Cert. ☑ Judicial Decree

☐ Other (Specify).....

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☑ Yes ☐
   If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☑ Yes ☐
5. Are you related to the bride closer than second cousin? No ☑ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
8. Are you able to support a family? Yes ☑ No ☐
9. Are you likely to so continue? Yes ☑ No ☐
10. Do you have minor children from one or more former marriages? No ☐ Yes ☐
    (If yes, answer questions a, b, c)
    (a) List their full names, ages and addresses

    Name ..... Age ..... Address .....

    (b) Are you supporting or contributing to their support? Yes ☐ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father Robert Dale Patrick
    Residence of father (if deceased so state) RR #2 Plainfield Ind
    Occupation of father fitter mens clothes Plainfield, Ind. Race of father white
    Birthplace of father (State or foreign country) Plainfield Ind.
12. Full maiden name of mother Margaret Irene Case
    Residence of mother (if deceased so state) RR #2 Plainfield Ind.
    Occupation of mother housewife Race of mother White
    Birthplace of mother (State or foreign country) Crawfordsville

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Chester Bradley Patrick

New Address .....

Subscribed and sworn to before me this 18 day of Nov. 19 64

Claude Hughes Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed Robert Dale Patrick Father

Signed Margaret D. Patrick Mother

Subscribed and sworn to before me this 18 day of Nov. 19 64

Claude Hughes Clerk

FEMALE APPLICANT

Name: First Cynthia; Middle Jane; Last Hancock

Date of Birth: Month April; Day 29; Year 1949

Place of Birth (State or foreign country) New Castle, Ind.

Residence Address: Street or R. R. 116 Elm Dr.; City Plainfield; County Hend; State Ind.

Maiden Name if Different

Previous Marital Status: Never Married ☑ Number of Previous Marriages.....

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race: White ☑ Negro ☐ Other ☐ (specify).....

Usual Occupation —

Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree

☐ Other (Specify).....

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
7. Full name of father James R. Hancock
   Residence of father (if deceased so state) Plainfield Ind.
   Occupation of father Dispatcher Race of father white
   Birthplace of father (State or foreign country) Kokomo, Ind.
8. Full maiden name of mother Joan Louise Fowler
   Residence of mother (if deceased so state) Plainfield Ind.
   Occupation of mother Mgr. Shoe Store Race of mother white
   Birthplace of mother (State or foreign country) Kokomo, Ind.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed (Cindy Hancock)

New Address Cynthia Jane Hancock

Subscribed and sworn to before me this 18 day of Nov. 19 64

Claude Hughes Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed James R. Hancock Father

Signed Joan Louise Hancock Mother

Subscribed and sworn to before me this 18 day of Nov. 19 64

Claude Hughes Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the Hendrick County Superior Court by written order issued Nov 18- 1964 and filed in Superior Court authorizes and directs the issuance of a marriage license to the above named parties. age Waiverouly.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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* November, 19....., *authorizing the joining together as husband and wife* Chester Bradley Patrick *and* Cynthia Jane Hancock.

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Verl W. Winslow *hereby certify that on the* 25 *day of* November, *one thousand nine hundred and* 64 *at* Clermont, *County of* Marion, *State of Indiana, Groom* Chester Bradley Patrick *of* Hendricks *County, State of* Indiana, *and, Bride* Cynthia Jane Hancock *of* Hendricks *County, State of* Indiana, *were by me united 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* November, 1964.

Signed Verl W. Winslow

Official Designation Methodist Minister

Filed and recorded in accordance with the laws of the State of Indiana this 15 *day of* December, 19 64.

Signed Claude Hughes *Clerk*

Hendricks *Circuit Court*

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 325

File

Nov. 20, 1964
Date of Application

MALE
Medical Examination Report Dated Nov 9, 1964
Name of Physician Lloyd S. Terry

FEMALE
Medical Examination Report Dated Nov 9, 1964
Name of Physician Lloyd S. 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 James Middle H. Last Davis

Date of Birth: Month July Day 31 Year 1938

Place of Birth (State or foreign country) Benton Illinois

Residence Address: Street or R. R. Box 162 City Clayton County Hendricks State Ind.

Previous Marital Status: Never Married ☐ Number of Previous Marriages 1

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

Color or Race: White ☑ Negro ☐ Other ☐ (specify)

Usual Occupation N.C.R. Inspector

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree

☐ Other (Specify)

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☑ Yes ☐
   If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☑ Yes ☐
5. Are you related to the bride closer than second cousin? No ☑ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
8. Are you able to support a family? Yes ☑ No ☐
9. Are you likely to so continue? Yes ☑ No ☐
10. Do you have minor children from one or more former marriages? No ☐ Yes ☐
    (If yes, answer questions a, b, c)
    (a) List their full names, ages and addresses

Name	Age	Address

    (b) Are you supporting or contributing to their support? Yes ☐ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father James Noel Davis
    Residence of father (if deceased so state) Clayton, Ind.
    Occupation of father truck dispatcher Race of father white
    Birthplace of father (State or foreign country) Illinois
12. Full maiden name of mother Colleen Ruth Evans
    Residence of mother (if deceased so state) Clayton, Ind.
    Occupation of mother ~~Paper~~ sorter Race of mother white
    Birthplace of mother (State or foreign country) Illinois

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed James H. Davis

New Address

Subscribed and sworn to before me this 20 day of November, 1964

Claude Hughes Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

FEMALE APPLICANT

Name: First Wanda Middle Lee Last Hutchison

Date of Birth: Month Feb. Day 10 Year 1942

Place of Birth (State or foreign country) Rush, Ky.

Residence Address: Street or R. R. City Clayton County Hendricks State Indiana

Maiden Name if Different

Previous Marital Status: Never Married ☑ Number of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race: White ☑ Negro ☐ Other ☐ (specify)

Usual Occupation housekeeper

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree

☑ Other (Specify) Certification from Carter County Schools signed by Frank A. Craig

1. Are you now or have you been adjudged, diagnosed or considered as
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
7. Full name of father Sion Vinson Hutchison
   Residence of father (if deceased so state) deceased
   Occupation of father ..... Race of father white
   Birthplace of father (State or foreign country) Kentucky
8. Full maiden name of mother Minnie Belle Downs
   Residence of mother (if deceased so state) Rush Ky.
   Occupation of mother housekeeper Race of mother white
   Birthplace of mother (State or foreign country) Kentucky

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Wanda Lee Hutchison

New Address

Subscribed and sworn to before me this 20 day of November, 1964

Claude Hughes Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the ..... County ..... Court by written order issued ..... and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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* November, 1964, *authorizing the joining together as husband and wife* James H. Davis *and* Wanda Lee Hutchison

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Leif Edward Erickson *hereby certify that on the* 28 *day of* November, *one thousand nine hundred and* 64 *at* Clayton, *State of Indiana, Groom* James H. Davis *of* Hendricks *County, State of* Indiana, *and, Bride* Wanda Lee Hutchison *of* Hendricks *County, State of* Indiana, *were by me united 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* November, 1964.

Signed Leif Edward Erickson

Official Designation Pastor

Filed and recorded in accordance with the laws of the State of Indiana this 1 *day of* December, 19 64.

Signed Claude Hughes Clerk

Hendricks Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 326
File Book 28
November 21-1964
Date of Application

MALE
Medical Examination Report Dated November 9- 1964
Name of Physician M. M. Aiken M D.

FEMALE
Medical Examination Report Dated November 9- 1964
Name of Physician M. M. Aiken M D.

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Keith Middle Edward Last Neel
Date of Birth: Month November Day 29 Year 1946
Place of Birth (State or foreign country): Bloomington Indiana
Residence Address: Street or R. R. 428 Wayside Dr. City Plainfield County Hendricks State Ind.
Previous Marital Status: Never Married ☐ Number of Previous Marriages ✓
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify)
Usual Occupation Student
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) Birth certificate

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☑ Yes ☐
   If answer to 3 is "yes" has the cause of such condition been removed? No ☑ Yes ☐
4. Are you afflicted with a transmissible disease? No ☑ Yes ☐
5. Are you related to the bride closer than second cousin? No ☑ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
8. Are you able to support a family? Yes ☑ No ☐
9. Are you likely to so continue? Yes ☑ No ☐
10. Do you have minor children from one or more former marriages? No ☐ Yes ☐
    (If yes, answer questions a, b, c)
    (a) List their full names, ages and addresses

Name	Age	Address

    (b) Are you supporting or contributing to their support? Yes ☐ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father J. Robert Neel
    Residence of father (if deceased so state) 428 Wayside Drive
    Occupation of father Purchasing Agent. Race of father W
    Birthplace of father (State or foreign country) Royal Center Ind
12. Full maiden name of mother Sara P. Gift
    Residence of mother (if deceased so state) 428 Wayside Dr
    Occupation of mother housewife Race of mother W.
    Birthplace of mother (State or foreign country) Fairmount Ind.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Keith Edward Neel
New Address
Subscribed and sworn to before me this 21 day of November, 1964
Claude Hughes. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:
Signed J. R. Neel Father
Signed Sara Pauline Gift Neel Mother
Subscribed and sworn to before me this 21 day of November, 1964
Claude Hughes Clerk

FEMALE APPLICANT

Name: First Nancy Middle Jo Last Newlin
Date of Birth: Month December Day 31 Year 1946
Place of Birth (State or foreign country): Indianapolis Mar. Co. Indiana
Residence Address: Street or R. R. R 1 Box 374 City Plainfield County Hendricks State Ind.
Maiden Name if Different
Previous Marital Status: Never Married ☑ Number of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify)
Usual Occupation Office Work
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) Drivers License

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☐ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
7. Full name of father Wayne R. Newlin
   Residence of father (if deceased so state) R1 Plainfield Ind.
   Occupation of father Mechanic Race of father W.
   Birthplace of father (State or foreign country) Plainfield Ind.
8. Full maiden name of mother Dorothy Mildred Newkirk
   Residence of mother (if deceased so state) R1 Plainfield Ind.
   Occupation of mother Housewife Race of mother W.
   Birthplace of mother (State or foreign country) Indianapolis Ind.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Nancy Jo Newlin
New Address
Subscribed and sworn to before me this 21 day of November, 1964
Claude Hughes. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:
Signed Wayne Arnold Newlin Father
Signed Dorothy M. Newkirk Mother
Subscribed and sworn to before me this 21 day of November, 1964
Claude Hughes Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the Hendrick County Superior Court by written order issued November 21 and filed in Superior Court authorizes and directs the issuance of a marriage license to the above named parties. age for groom + also 3 da Waiver

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* Hendricks Superior *Circuit Court of Indiana dated the* 21 *day of* November, 19 64, *authorizing the joining together as husband and wife* Keith Edward Neel *and* Nancy Jo Newlin

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Martin Dawson, *hereby certify that on the* 28 *day of* November, *one thousand nine hundred and* 64 *at* Plainfield, *County of* Hendricks, *State of Indiana, Groom* Keith Edward Neel *of* Hendricks *County, State of* Indiana, *and, Bride* Nancy Jo Newlin *of* Hendricks *County, State of* Indiana, *were by me united 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* November, 19 64.

Signed Martin Dawson
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 1 *day of* Dec, 19 64.

Signed Claude Hughes Clerk
Hendricks Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 327
File Book 28
Nov 21, 1964
Date of Application

MALE
Medical Examination Report Dated 11-17-64
Name of Physician Joseph E. Bace

FEMALE
Medical Examination Report Dated 11-17-64
Name of Physician Joseph E. Bace

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Larry Middle — Last Peirson
Date of Birth: Month Oct Day 21 Year 1942
Place of Birth (State or foreign country) Indianapolis
Residence Address: Street or R. R. 2901 Meredith City Indpls County Marion State Ind
Previous Marital Status: Never Married ☑ Number of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify)
Usual Occupation Lamb - Belt Co.
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) Divers Diocese

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☑ Yes ☐
   If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☑ Yes ☐
5. Are you related to the bride closer than second cousin? No ☑ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
8. Are you able to support a family? Yes ☑ No ☐
9. Are you likely to so continue? Yes ☑ No ☐
10. Do you have minor children from one or more former marriages? No ☐ Yes ☐
    (If yes, answer questions a, b, c)
    (a) List their full names, ages and addresses

    Name ..... Age ..... Address .....

    (b) Are you supporting or contributing to their support? Yes ☐ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father Clifford Peirson
    Residence of father (if deceased so state) Indpls.
    Occupation of father Maintenance Race of father W
    Birthplace of father (State or foreign country) Ind.
12. Full maiden name of mother Mildred Hurt
    Residence of mother (if deceased so state) Indpls.
    Occupation of mother p.h.x. Race of mother W
    Birthplace of mother (State or foreign country) Ind.

State of Indiana,
County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Larry Peirson
New Address .....

Subscribed and sworn to before me this 21 day of Nov, 1964
Claude Hughes Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary .....

State of Indiana,
County of HENDRICKS } ss:

Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day of ....., 19.....
..... Clerk

FEMALE APPLICANT

Name: First Margaret Middle Jean Last Salmon
Date of Birth: Month May Day 3 Year 43
Place of Birth (State or foreign country) Indianapolis
Residence Address: Street or R. R. 1140 Tieden Dr. City Brownsburg County Hendricks State Ind.
Maiden Name if Different
Previous Marital Status: Never Married ☑ Number of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify)
Usual Occupation office clerk
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) .....

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
7. Full name of father Robert U. Salmon
   Residence of father (if deceased so state) B'burg.
   Occupation of father Caravan Ford Race of father W
   Birthplace of father (State or foreign country) Ind.
8. Full maiden name of mother Margaret Wilson
   Residence of mother (if deceased so state) B'burg
   Occupation of mother School Sec. Race of mother W
   Birthplace of mother (State or foreign country) Ind.

State of Indiana,
County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Margaret Jean Salmon
New Address .....

Subscribed and sworn to before me this 21 day of Nov, 1964
Claude Hughes Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary .....

State of Indiana,
County of HENDRICKS } ss:

Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day of ....., 19.....
..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the ..... County ..... Court by written order issued ..... and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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 November, 1964, authorizing the joining together as husband and wife Larry Peirson and Margaret Jean Salmon

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Lester B Yearick hereby certify that on the 25 day of November, one thousand nine hundred and 64 at Brownsburg, County of Hendricks, State of Indiana, Groom Larry C. Peirson of Marion County, State of Ind., and, Bride Margaret J. Salmon of Hendricks County, State of Ind., were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of Hendricks County.

Dated this 25 day of November, 1964.

Signed Lester B. Yearick
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 21 day of December, 1964.

Signed Claude Hughes Clerk
Hendricks Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 328

File Nov 21-1964
Date of Application

MALE
Medical Examination Report Dated Nov 13-1964
Name of Physician M. O. Acamahorn

FEMALE
Medical Examination Report Dated Nov 13-1964
Name of Physician M. O. Acamahorn

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Darrell Middle J. Last Greeson

Date of Birth: Month Feb Day 9 Year 1936

Place of Birth (State or foreign country) Indpls Ind.

Residence Address: Street or R. R. R 2 Box 4A City Brownsburg County Hend. State Ind.

Previous Marital Status: Never Married ☐ Number of Previous Marriages once

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

Color or Race: White ☒ Negro ☐ Other ☐ (specify)

Usual Occupation Allisons

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree

☐ Other (Specify) Drivers License

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☒ Yes ☐
   Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
   If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☒ Yes ☐
5. Are you related to the bride closer than second cousin? No ☒ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
8. Are you able to support a family? Yes ☒ No ☐
9. Are you likely to so continue? Yes ☒ No ☐
10. Do you have minor children from one or more former marriages? No ☒ Yes ☐
    (If yes, answer questions a, b, c)
    (a) List their full names, ages and addresses

    Name Age Address

    (b) Are you supporting or contributing to their support? Yes ☐ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father Cecil Greeson
    Residence of father (if deceased so state) Deceased
    Occupation of father — Race of father W
    Birthplace of father (State or foreign country) Indiana
12. Full maiden name of mother Ruth Gladys Davis
    Residence of mother (if deceased so state) Mooresville
    Occupation of mother Restaurant Race of mother W
    Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed + Darrell T. Greeson

New Address

Subscribed and sworn to before me this 21 day of Nov., 19 64

Claude Hughes Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

FEMALE APPLICANT

Name: First Phyllis Middle Last Whiles

Date of Birth: Month Aug Day 3 Year 1941

Place of Birth (State or foreign country) Bethel Ridge Kentucky

Residence Address: Street or R. R. North Salem City County Hend. State Ind.

Maiden Name if Different

Previous Marital Status: Never Married ☒ Number of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race: White ☒ Negro ☐ Other ☐ (specify)

Usual Occupation Allisons

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree

☐ Other (Specify) D. D. allisons

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☒ Yes ☐
   Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you afflicted with a transmissible disease? No ☐ Yes ☐
4. Are you related to the groom closer than second cousin? No ☒ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
7. Full name of father Robert Marion Whiles
   Residence of father (if deceased so state) North Salem
   Occupation of father Farmer Race of father W
   Birthplace of father (State or foreign country) Kentucky
8. Full maiden name of mother Ada Thompson
   Residence of mother (if deceased so state) North Salem
   Occupation of mother Housewife Race of mother W
   Birthplace of mother (State or foreign country) Kentucky

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed + Phyllis Whiles

New Address

Subscribed and sworn to before me this 21 day of Nov., 19 64

Claude Hughes Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the ..... County ..... Court by written order issued ..... and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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* November, 1964, *authorizing the joining together as husband and wife* Darrell T. Greeson *and* Phyllis W Hiles

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Rev. Donald L. Rehmel *hereby certify that on the* 14th *day of* December, *one thousand nine hundred and* 64 *at* North Salem, *County of* Hendricks, *State of Indiana, Groom* Darrel T. Greeson *of* Morgan *County, State of* Indiana, *and, Bride* Phyllis W Hiles *of* Pulaski *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.*

Dated this 4th *day of* December, 19 64.

Signed Rev. Donald R. Rehmel

Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 26 *day of* Jan, 19 65.

Signed John Hanbold, Jr Clerk
Hendricks Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 329

File

Nov 21-1964
Date of Application

MALE
Medical Examination Report Dated Nov 16-1964
Name of Physician Thomas P Chase M.D.

FEMALE
Medical Examination Report Dated Nov 16-1964
Name of Physician Thomas P. Chase M.D.

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First John Middle E Last Flanagan

Date of Birth: Month nov Day 7 Year 1946

Place of Birth (State or foreign country): Indianapolis Ind.

Residence Address: Street or R. R. R2 Box 224 City Plainfield County Hend State Ind.

Previous Marital Status: Never Married ☒ Number of Previous Marriages.....

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race: White ☒ Negro ☐ Other ☐ (specify).....

Usual Occupation Filing Station

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) Drivers License

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☒ Yes ☐
   Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
   If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☒ Yes ☐
5. Are you related to the bride closer than second cousin? No ☒ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
8. Are you able to support a family? Yes ☒ No ☐
9. Are you likely to so continue? Yes ☒ No ☐
10. Do you have minor children from one or more former marriages? No ☐ Yes ☐
    (If yes, answer questions a, b, c)
    (a) List their full names, ages and addresses
    Name Age Address
    (b) Are you supporting or contributing to their support? Yes ☐ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father Jesse Flanagan
    Residence of father (if deceased so state) Deceased
    Occupation of father — Race of father W
    Birthplace of father (State or foreign country) Texas.
12. Full maiden name of mother Stella Mayo
    Residence of mother (if deceased so state) Avon
    Occupation of mother Restaurant Race of mother W
    Birthplace of mother (State or foreign country) Texas.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed John E. Flanagan

New Address.....

Subscribed and sworn to before me this 21 day of Nov., 1964

Claude Hughes Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed Deceased Father

Signed Stella Hines Mother

Subscribed and sworn to before me this 21 day of Nov., 1964

Claude Hughes Clerk

FEMALE APPLICANT

Name: First Carolyn Middle D Last Bell

Date of Birth: Month Feb Day 5 Year 1945

Place of Birth (State or foreign country) Bridgeport Ind.

Residence Address: Street or R. R. 342 N Center City Plainfield County Hend State Ind.

Maiden Name if Different

Previous Marital Status: Never Married ☒ Number of Previous Marriages.....

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race: White ☒ Negro ☐ Other ☐ (specify).....

Usual Occupation none

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) Temporary Driving Permit

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☒ Yes ☐
   Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you afflicted with a transmissible disease? No ☒ Yes ☐
4. Are you related to the groom closer than second cousin? No ☒ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
7. Full name of father Wesley Bell
   Residence of father (if deceased so state) Indianapolis
   Occupation of father Contractor Race of father W
   Birthplace of father (State or foreign country) Indiana
8. Full maiden name of mother Cora Belle Firestone
   Residence of mother (if deceased so state) Indianapolis
   Occupation of mother none Race of mother W
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Carolyn D. Bell

New Address.....

Subscribed and sworn to before me this 21 day of Nov., 1964

Claude Hughes Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the.....County.....Court by written order issued.....and filed in.....authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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* November, 19 64, *authorizing the joining together as husband and wife* John E. Flanagan *and* Carolyn D. Bell

Be It further remembered, the following marriage certificate was filed in my office, to-wit:

I, William T. Tresslar *hereby certify that on the* 28th *day of* Nov, *one thousand nine hundred and* 64 *at* Shiloh Methodist Church, *County of* Hendricks, *State of Indiana, Groom* John E Flanagan *of* Hendricks *County, State of* Indiana, *and, Bride* Carolyne D. Bell *of* Hendricks *County, State of* Indiana, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* Hendricks *County.*

Dated this 28 *day of* November, 19 64.

Signed William T. Tresslar

Official Designation Methodist Clergyman

Filed and recorded in accordance with the laws of the State of Indiana this 18 *day of* Dec, 19 64.

Signed Claude Hughes Clerk

Hendricks Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 330
File Book 28
November 23 - 1964.
Date of Application

MALE
Medical Examination Report Dated Nov. 17-1964.
Name of Physician Lloyd Terry M.D.

FEMALE
Medical Examination Report Dated Nov. 19-1964
Name of Physician Lloyd S. Terry 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 Hobart Middle Paul Last Dunagan
Date of Birth: Month December Day 9 Year 1941
Place of Birth (State or foreign country) Norfolk Va.
Residence Address: Street or R. R. 2201 W. Keystone City Indpls County Marion State Ind.
Previous Marital Status: Never Married ☑ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify).....
Usual Occupation Truck driver
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) Drivers License

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☐ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☑ Yes ☐
   If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☑ Yes ☐
5. Are you related to the bride closer than second cousin? No ☑ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
8. Are you able to support a family? Yes ☑ No ☐
9. Are you likely to so continue? Yes ☑ No ☐
10. Do you have minor children from one or more former marriages? No ☐ Yes ☐
    (If yes, answer questions a, b, c)
    (a) List their full names, ages and addresses

Name	Age	Address

    (b) Are you supporting or contributing to their support? Yes ☐ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father Leslie Dunagan
    Residence of father (if deceased so state) 709 Boone St. Monticello
    Occupation of father Laborer Race of father W.
    Birthplace of father (State or foreign country) Kentucky
12. Full maiden name of mother Evelyn Keith
    Residence of mother (if deceased so state) 709 Boone St. Monticello
    Occupation of mother Housewife Race of mother W.
    Birthplace of mother (State or foreign country) Somerset Kentucky

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Hobart Paul Dunagan
New Address.....

Subscribed and sworn to before me this 23 day of November, 1964.
Claude Hughes. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day of....., 19.....
.....Clerk

FEMALE APPLICANT

Name: First Sandra Middle Kay Last Williams
Date of Birth: Month March Day 26 Year 1941
Place of Birth (State or foreign country) Beech Grove Marion Co. Indiana
Residence Address: Street or R. R. 244 E. Main City Danville County Hendricks State Ind.
Maiden Name if Different
Previous Marital Status: Never Married ☑ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify).....
Usual Occupation Rec. P.B.X.
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) Drivers License

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
7. Full name of father Norris Williams
   Residence of father (if deceased so state) 244 E Main Danville
   Occupation of father Laborer Race of father W.
   Birthplace of father (State or foreign country) Indianapolis Ind
8. Full maiden name of mother Dorothy Balin
   Residence of mother (if deceased so state) 244 E. Main Danville
   Occupation of mother Housewife Race of mother W.
   Birthplace of mother (State or foreign country) Indianapolis Ind.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Sandra Kay Williams
New Address.....

Subscribed and sworn to before me this.....day of....., 19.....
Claude Hughes Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day of....., 19.....
.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the .....County.....Court by written order issued.....and filed in.....authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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 *, 19* 64*, authorizing the joining together as husband and wife* Hobart Paul Dunagan *and* Sandra Kay Williams.

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I,.....hereby certify that on the.....day of.....,
one thousand nine hundred and.....at.....County of.....,
State of Indiana, Groom.....of.....County, State of.....
and, Bride.....of.....County, State of.....,
were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of.....County.
Dated this.....day of....., 19.....

Signed.....
Official Designation.....

Filed and recorded in accordance with the laws of the State of Indiana this.....day of....., 19.....

Signed.....Clerk
.....Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 331

File

Nov. 23 1964
Date of Application

MALE
Medical Examination Report Dated Oct 27 1964
Name of Physician Elmer L. Koch, M.D.

FEMALE
Medical Examination Report Dated Nov 5, 1964
Name of Physician Elmer L. Koch M.D.

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Keith Middle Gordon Last Koerber

Date of Birth: Month May Day 25 Year 1942

Place of Birth (State or foreign country): Hamilton County, Ohio

Residence Address: Street or R. R. 4921 North Bakerview Dr. City Cincinnati County State Ohio

Previous Marital Status: Never Married ☑ Number of Previous Marriages.....

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race: White ☑ Negro ☐ Other ☐ (specify).....

Usual Occupation U. S. Navy.

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree ☑ Other (Specify) Draft Card

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☑ Yes ☐
   If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☑ Yes ☐
5. Are you related to the bride closer than second cousin? No ☑ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
8. Are you able to support a family? Yes ☑ No ☐
9. Are you likely to so continue? Yes ☑ No ☐
10. Do you have minor children from one or more former marriages? No ☐ Yes ☐
    (If yes, answer questions a, b, c)
    (a) List their full names, ages and addresses
    Name Age Address
    .....
    .....
    .....
    (b) Are you supporting or contributing to their support? Yes ☐ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father Henry Charles Koerber, Jr.
    Residence of father (if deceased so state) Cincinnati, Ohio
    Occupation of father Engineer Race of father White
    Birthplace of father (State or foreign country) Ohio
12. Full maiden name of mother Ann Bertha Cramer
    Residence of mother (if deceased so state) Cincinnati, Ohio
    Occupation of mother Housewife Race of mother White
    Birthplace of mother (State or foreign country) Ohio

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Keith Gordon Koerber

New Address.....

Subscribed and sworn to before me this 23 day of November, 19 64

Claude Hughes Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

.....

.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

FEMALE APPLICANT

Name: First Martha Middle Ann Last Carrie

Date of Birth: Month Jan Day 26 Year 1943

Place of Birth (State or foreign country): Plainfield Ind.

Residence Address: Street or R. R. Box 271 City Plainfield County Hend. State Ind.

Maiden Name if Different

Previous Marital Status: Never Married ☑ Number of Previous Marriages.....

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race: White ☑ Negro ☐ Other ☐ (specify).....

Usual Occupation Student

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree ☑ Other (Specify) Drivers License

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
7. Full name of father Paul Edward Carrie
   Residence of father (if deceased so state) Plainfield Ind.
   Occupation of father Director Boys School Race of father White
   Birthplace of father (State or foreign country) Knox Co. Indiana
8. Full maiden name of mother Mary Hilda Teagans
   Residence of mother (if deceased so state) Plainfield Ind.
   Occupation of mother Telephone Operator Race of mother White
   Birthplace of mother (State or foreign country) Knox Co. Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Martha Ann Carrie

New Address.....

Subscribed and sworn to before me this 23 day of November, 1964

Claude Hughes Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

.....

.....

.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day 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 11-23-64 and filed in Clerk's office authorizes and directs the issuance of a marriage license to the above named parties. with a waiting 3 days.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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* November, 19 64 *authorizing the joining together as husband and wife* Keith Gordon Koerber *and* Martha Ann Carrie

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I,.....hereby certify that on the.....day of.....,
one thousand nine hundred and.....at.....,
State of Indiana, Groom.....of.....County of.....,
and, Bride.....of.....County, State of.....
were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of.....
County, State of.....,
Dated this.....day of....., 19.....

Signed.....
Official Designation.....

Filed and recorded in accordance with the laws of the State of Indiana this.....day of....., 19.....

Signed.....Clerk
.....Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 332

File

Nov 25, 1964
Date of Application

MALE
Medical Examination Report Dated 11-23-64
Name of Physician James Beach, M.D.

FEMALE
Medical Examination Report Dated 11-23-64
Name of Physician James Beach, 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 O.; Last Ferrel

Date of Birth: Month April; Day 21; Year 1936

Place of Birth (State or foreign country): Hendricks Cty. Ind.

Residence Address: Street or R. R. R 18, Box 112; City Indpls.; County Marion; State Ind.

Previous Marital Status: Never Married ☑ Number of Previous Marriages.....

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race: White ☑ Negro ☐ Other ☐ (specify).....

Usual Occupation: Simpson Coil Co.

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree

☐ Other (Specify).....

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☑ Yes ☐
   If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☑ Yes ☐
5. Are you related to the bride closer than second cousin? No ☑ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
8. Are you able to support a family? Yes ☑ No ☐
9. Are you likely to so continue? Yes ☑ No ☐
10. Do you have minor children from one or more former marriages? No ☐ Yes ☐
    (If yes, answer questions a, b, c)
    (a) List their full names, ages and addresses

    Name ..... Age ..... Address .....

    (b) Are you supporting or contributing to their support? Yes ☐ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐

11. Full name of father: Paul Ogden Ferrel
    Residence of father (if deceased so state): deceased
    Occupation of father..... Race of father: W
    Birthplace of father (State or foreign country): Iowa
12. Full maiden name of mother: Laura Light
    Residence of mother (if deceased so state): R 18, Box 112, Indpls.
    Occupation of mother: retired Race of mother: W
    Birthplace of mother (State or foreign country).....

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed James O Ferrel

New Address.....

Subscribed and sworn to before me this 25 day of November, 19 64

Claude Hughes Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of ..... } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

FEMALE APPLICANT

Name: First Linda; Middle Fay; Last Herring

Date of Birth: Month Aug; Day 2; Year 1945

Place of Birth (State or foreign country): Boone Cty. Ind.

Residence Address: Street or R. R. R 1, Box 161; City Pittsboro; County Hend.; State Ind.

Maiden Name if Different

Previous Marital Status: Never Married ☑ Number of Previous Marriages.....

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race: White ☑ Negro ☐ Other ☐ (specify).....

Usual Occupation: Simpson Coil Co.

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree

☐ Other (Specify).....

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
7. Full name of father: Cecil Keith Herring
   Residence of father (if deceased so state): R1, Box 161, Pittsboro
   Occupation of father: farmer Race of father: W
   Birthplace of father (State or foreign country): Boone Cty. Ind.
8. Full maiden name of mother: Anna Faree Johnson
   Residence of mother (if deceased so state): R1, Box 161, Pittsboro
   Occupation of mother: housewife Race of mother: W
   Birthplace of mother (State or foreign country).....

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Linda Fay Herring

New Address.....

Subscribed and sworn to before me this 25 day of November, 19 64

Claude Hughes Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the .....County.....Court by written order issued.....and filed in.....authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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 November, 19 64, authorizing the joining together as husband and wife James O. Ferrel and Linda Fay Herring

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Donald H. Farrion hereby certify that on the 4 day of December, one thousand nine hundred and 64 at Lizton, County of Hendricks, State of Indiana, Groom James O Ferrel of Marion County, State of Indiana, and, Bride Linda Fay Herring of Hendricks County, State of Indiana, were by me united 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 December, 19 64.

Signed Donald H. Farrion

Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 7 day of December, 19 64.

Signed Claude Hughes Clerk Hendricks Circuit Court

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Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 333

File

Nov 27, 1964
Date of Application

MALE
Medical Examination Report Dated 11-27-64
Name of Physician D. B. Haggard M D

FEMALE
Medical Examination Report Dated 11-27-64
Name of Physician D B Haggard, M.D

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: Rogers — First: ~~Read~~ Rodger — Middle: Delton — Last: Loughney

Date of Birth: Month Sept — Day 21 — Year 1942

Place of Birth (State or foreign country): Penna.

Residence Address: R1 — Street or R. R.: Box 142 B — City: Danville — County: Hend. — State: Ind

Previous Marital Status: Never Married ☑ Number of Previous Marriages.....

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race: White ☑ Negro ☐ Other ☐ (specify).....

Usual Occupation: time study - Link Belt

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) drivers license

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☑ Yes ☐
   If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☑ Yes ☐
5. Are you related to the bride closer than second cousin? No ☑ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
8. Are you able to support a family? Yes ☑ No ☐
9. Are you likely to so continue? Yes ☑ No ☐
10. Do you have minor children from one or more former marriages? No ☐ Yes ☐
    (If yes, answer questions a, b, c)
    (a) List their full names, ages and addresses

Name	Age	Address

    (b) Are you supporting or contributing to their support? Yes ☐ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father: Edward Joseph Loughney
    Residence of father (if deceased so state): R1 Box 142 B. Danville
    Occupation of father: Maintenance — Race of father: W
    Birthplace of father (State or foreign country): Pittsburg, Pa
12. Full maiden name of mother: Lillian Lindorf
    Residence of mother (if deceased so state): R1, Box 142 B. Danville
    Occupation of mother: Housewife — Race of mother: W
    Birthplace of mother (State or foreign country): Ohio

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed: Rodger Delton Loughney

New Address.....

Subscribed and sworn to before me this 27 day of Nov, 19 64

Claude Hughes Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed Edward J. Loughney Father

Signed Lillian B. Loughney Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

FEMALE APPLICANT

Name: First Catherine — Middle Agnes — Last Tucker

Date of Birth: Month Nov — Day 27 — Year 1945

Place of Birth (State or foreign country): Miami, Fla.

Residence Address: R1. Box 175 — Street or R. R. — City: Danville — County: Hend. — State: Ind

Maiden Name if Different

Previous Marital Status: Never Married ☑ Number of Previous Marriages.....

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race: White ☑ Negro ☐ Other ☐ (specify).....

Usual Occupation: unemployed.

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) drivers license

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
7. Full name of father: Charles Herbert Tucker
   Residence of father (if deceased so state): R1, Box 175, Danville
   Occupation of father: Railroad — Race of father: W
   Birthplace of father (State or foreign country): Kentucky
8. Full maiden name of mother: Waynona Orville Hartigan
   Residence of mother (if deceased so state): R1, Box 175, Danville
   Occupation of mother: Housewife — Race of mother: W
   Birthplace of mother (State or foreign country): Illinois

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Catherine Agnes Tucker

New Address.....

Subscribed and sworn to before me this 27 day of Nov, 1964

Claude Hughes Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the.....County.....Court by written order issued.....and filed in.....authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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* December, 19 64, *authorizing the joining together as husband and wife* Rodger Delton Loughney *and* Catherine Agnes Tucker.

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Rev. Howard W. Beer *hereby certify that on the* 5 *day of* December, *one thousand nine hundred and* 64, *at* Speedway City, *County of* Marion, *State of Indiana, Groom* Rodger Delton Loughney *of* Hendricks *County, State of* Indiana, *and, Bride* Catherine Agnes Tucker *of* Hendricks *County, State of* Indiana, *were by me united 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* December, 19 64.

Signed Rev. Howard W. Beer

Official Designation Pastor

Filed and recorded in accordance with the laws of the State of Indiana this 5 *day of* December, 19 64.

Signed Claude Hughes Clerk

Hendricks Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 334

File

Nov 27 1964
Date of Application

MALE
Medical Examination Report Dated November 16, 1964
Name of Physician David B. Haggard, M.D.

FEMALE
Medical Examination Report Dated November 16, 1964
Name of Physician David B. Haggard M.D.

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First George Middle T. Last Maupin

Date of Birth: Month Feb Day 7 Year 1945

Place of Birth (State or foreign country) Plainfield, Ind.

Residence Address: Street or R. R. 317 North East City Plainfield County Hend. State Ind.

Previous Marital Status: Never Married ☑ Number of Previous Marriages.....

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race: White ☑ Negro ☐ Other ☐ (specify).....

Usual Occupation Linde Company

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☑ Other (Specify) Driver's License

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☑ Yes ☐
   If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☑ Yes ☐
5. Are you related to the bride closer than second cousin? No ☑ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
8. Are you able to support a family? Yes ☑ No ☐
9. Are you likely to so continue? Yes ☑ No ☐
10. Do you have minor children from one or more former marriages? No ☐ Yes ☐
    (If yes, answer questions a, b, c)
    (a) List their full names, ages and addresses

    Name Age Address

    (b) Are you supporting or contributing to their support? Yes ☐ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father George W. Maupin
    Residence of father (if deceased so state) Plainfield, Indiana
    Occupation of father Linde Company Race of father white
    Birthplace of father (State or foreign country) Kentucky
12. Full maiden name of mother Lena Lillian Barnett
    Residence of mother (if deceased so state) Plainfield, Indiana
    Occupation of mother housewife Race of mother white
    Birthplace of mother (State or foreign country) Kentucky

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed George T. Maupin

New Address.....

Subscribed and sworn to before me this 27 day of November, 1964

Claude Hughes Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed George W. Maupin Father

Signed Lena Lillian Maupin Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

FEMALE APPLICANT

Name: First Ellen Middle Louise Last Dean

Date of Birth: Month July Day 19 Year 1946

Place of Birth (State or foreign country) Hendricks county Ind.

Residence Address: Street or R. R. RR#3 Box 360 City Danville County Hend. State Ind.

Maiden Name if Different Ellen Louise Wright

Previous Marital Status: Never Married ☐ Number of Previous Marriages 1

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

Color or Race: White ☑ Negro ☐ Other ☐ (specify).....

Usual Occupation —

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) Driver's License

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
7. Full name of father Chalmers L. Wright
   Residence of father (if deceased so state) RR#3 Danville
   Occupation of father retired Race of father white
   Birthplace of father (State or foreign country) Hendricks Co., Ind.
8. Full maiden name of mother Verna P. Ennett
   Residence of mother (if deceased so state) RR#3 Danville
   Occupation of mother housewife Race of mother white
   Birthplace of mother (State or foreign country) Hendricks Co. Ind.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Ellen Dean

New Address.....

Subscribed and sworn to before me this 27 day of November, 1964

Claude Hughes Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the.....County.....Court by written order issued.....and filed in.....authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* Hendricks *Circuit Court of Indiana dated the* 1 *day of* December, 19 64, *authorizing the joining together as husband and wife* George T. Maupin *and* Ellen Louise Dean

Be it further remembered the following marriage certificate was filed in my office, to-wit:

I, Eugene E. Crowley *hereby certify that on the* 1 *day of* December, *one thousand nine hundred and* 64 *at* Plainfield, *County of* Hendricks, *State of* Indiana, Groom George T. Maupin *of* Hendricks *County, State of* Indiana, *and, Bride* Ellen Louise Dean *of* Hendricks *County, State of* Indiana, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* Hendricks *County.*

Dated this 1st *day of* December, 19 64.

Signed Eugene E. Crowley

Official Designation J. P.

Filed and recorded in accordance with the laws of the State of Indiana this 7 *day of* December, 19 64.

Signed Claude Hughes Clerk

Hendricks Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 335

File

Nov. 30 1964
Date of Application

MALE
Medical Examination Report Dated Nov. 20, 1964
Name of Physician W. C. Stafford

FEMALE
Medical Examination Report Dated Nov. 20, 1964
Name of Physician W. C. Stafford

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Gerald Middle Lee Last Christopher

Date of Birth: Month Nov. Day 25 Year 1945

Place of Birth (State or foreign country) Hendricks Co.

Residence Address: Street or R. R. 501 Avon Rd. City Plainfield County Hend. State Ind.

Previous Marital Status: Never Married ☑ Number of Previous Marriages.....

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race: White ☑ Negro ☐ Other ☐ (specify).....

Usual Occupation Stock boy

Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree

☐ Other (Specify).....

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☐ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☑ Yes ☐
   If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☑ Yes ☐
5. Are you related to the bride closer than second cousin? No ☑ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
8. Are you able to support a family? Yes ☑ No ☐
9. Are you likely to so continue? Yes ☑ No ☐
10. Do you have minor children from one or more former marriages? No ☑ Yes ☐
    (If yes, answer questions a, b, c)
    (a) List their full names, ages and addresses
    Name Age Address
    (b) Are you supporting or contributing to their support? Yes ☐ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father Howard Christopher
    Residence of father (if deceased so state) 501 Avon Rd.
    Occupation of father Used Cars Race of father White
    Birthplace of father (State or foreign country) Indiana
12. Full maiden name of mother Margaret Loretta Dearlove
    Residence of mother (if deceased so state) 501 Avon Rd.
    Occupation of mother housewife Race of mother White
    Birthplace of mother (State or foreign country) Canada

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Gerald Lee Christopher

New Address.....

Subscribed and sworn to before me this 30 day of Nov., 64

Claude Hughes Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed See attached Father

Signed Ruth Mother

Subscribed and sworn to before me this 30 day of Nov., 64

Claude Hughes Clerk

FEMALE APPLICANT

Name: First Sharon Middle Ann Last Winsted

Date of Birth: Month March Day 1 Year 1947

Place of Birth (State or foreign country) Indpls.

Residence Address: Street or R. R. Indpls. 72 Raines City Plainfield County Hend. State

Maiden Name if Different

Previous Marital Status: Never Married ☑ Number of Previous Marriages.....

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race: White ☑ Negro ☐ Other ☐ (specify).....

Usual Occupation —

Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree

☐ Other (Specify).....

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
7. Full name of father Charles O. Winsted
   Residence of father (if deceased so state) Plainfield Ind.
   Occupation of father Peerless Race of father White
   Birthplace of father (State or foreign country) Indiana
8. Full maiden name of mother Ruth Virginia Colbert
   Residence of mother (if deceased so state) Plainfield Ind.
   Occupation of mother housewife Race of mother White
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Sharon Ann Winsted

New Address.....

Subscribed and sworn to before me this 30 day of Nov., 1964

Claude Hughes Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed Charles Otis Winsted Father

Signed Ruth Virginia Winsted Mother

Subscribed and sworn to before me this 30 day of Nov., 1964

Claude Hughes Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the .....County.....Court by written order issued.....and filed in.....authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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* December, 19 64, *authorizing the joining together as husband and wife* Gerald Lee Christopher *and* Sharon Ann Winsted

Be it further remembered the following marriage certificate was filed in my office, to-wit:

I, Irvine L. Parrett *hereby certify that on the* 5 *day of* December, *one thousand nine hundred and* 64, *at* Plainfield, *County of* Hendricks, *State of Indiana, Groom* Jerry Christopher *of* Hendricks *County, State of* Indiana, *and, Bride* Sharon Winsted *of* Hendricks *County, State of* Indiana, *were by me united 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* Dec, 19 64.

Signed Irvine L. Parrett

Official Designation Pastor

Filed and recorded in accordance with the laws of the State of Indiana this 12 *day of* December, 19 64.

Signed Claude Hughes Clerk

Hendricks Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 335

File

Nov. 30, 1964
Date of Application

MALE
Medical Examination Report Dated Nov. 20, 1964
Name of Physician W. C. Stafford

FEMALE
Medical Examination Report Dated Nov. 20, 1964
Name of Physician W. C. Stafford

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Gerald Middle Lee Last Christopher

Date of Birth: Month Nov. Day 25 Year 1945

Place of Birth (Stat
Hend

Residence Address
501 C

Previous Marital St

Last Marriage Ende

Color or Race

Usual Occupation

Date of birth verifie

☐ Other (Specif

1. Are you now or
An Imbecile
Of Unsound
2. Are you under g
3. Are you now or
home for indigen
If answer to 3 is
4. Are you afflicted
5. Are you related t
6. Are you now un
7. Are you now un
8. Are you able to
9. Are you likely to
10. Do you have mino
(If yes, answer q
(a) List their full
Nam

(b) Are you sup
(c) Are you com
their support
11. Full name of fat
Residence of fat
Occupation of fa
Birthplace of fa
12. Full maiden nan
Residence of mo
Occupation of m
Birthplace of mo

State of Indiana,
County of HE

Ne

Subscribed and swor
Cl

CONSENT OF PA

We, the parents, c
signs, state facts

State of Indiana,
County of

Subscribed and s

COMPLETE

in

FEMALE APPLICANT

Name: First Sharon Middle Ann Last Winsted

Date of Birth: Month March Day 1 Year 1947

Place of Birth (State or foreign country)

State

We, the undersigned do give our consent for Gerald Lee Christopher age 19 to obtain a marriage license.

Loretta Christopher

Howard Christopher

Subscribed and sworn to before me, a notary public in and for said county and state this 27 day of November 1964

NOTARY PUBLIC, HENDRICKS CO., IND.
My commission expires June 14, 1965

Robert A Abee
Notary Public

My commission expires

NOTARY PUBLIC SEAL INDIANA

FILED
NOV 30 1964
Claude Hughes
CLERK HENDRICKS CIRCUIT COURT

Be It Remembered, there was filed in my office a marriage license ... of Indiana dated the 1 day of December 19 64, authorizing the joining together as husband and wife Gerald Lee Christopher and Sharon Ann Winsted

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Dayne L. Parrett hereby certify that on the 5 day of December one thousand nine hundred and 64 at Plainfield, County of Hendricks, State of Indiana, Groom Jerry Christopher of Hendricks County, State of Indiana, and, Bride Sharon Winsted of Hendricks County, State of Indiana, were by me united 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 Dec, 19 64.

Signed Dayne L. Parrett
Official Designation Pastor

Filed and recorded in accordance with the laws of the State of Indiana this 12 day of December, 19 64

Signed Claude Hughes Clerk
Hendricks Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 336

File

Dec 2. 1964
Date of Application

MALE
Medical Examination Report Dated 11-27-64
Name of Physician James Black M.D.

FEMALE
Medical Examination Report Dated 11-27-64
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)". re-marriage

MALE APPLICANT

Name: First Donald Middle B Last Stafford

Date of Birth: Month Sept Day 23 Year 1922

Place of Birth (State or foreign country) Greensburg Ind.

Residence Address: Street or R. R. 650 Maple Lane City Greensburg County Hend. State Ind.

Previous Marital Status: Never Married ☒ Number of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

Color or Race: White ☒ Negro ☐ Other ☐ (specify)

Usual Occupation Link-Belt

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) Amelia Steinad

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☒ Yes ☐
   Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☐ Yes ☐
   If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☒ Yes ☐
5. Are you related to the bride closer than second cousin? No ☒ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
8. Are you able to support a family? Yes ☒ No ☐
9. Are you likely to so continue? Yes ☒ No ☐
10. Do you have minor children from one or more former marriages? No ☐ Yes ☐
    (If yes, answer questions a, b, c)
    (a) List their full names, ages and addresses

Name	Age	Address
Larry	17	as above
Donna	13	"
Pennie	9	"

    (b) Are you supporting or contributing to their support? Yes ☐ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father Carl Stafford
    Residence of father (if deceased so state) deceased
    Occupation of father — Race of father —
    Birthplace of father (State or foreign country) Ohio
12. Full maiden name of mother Charlotte Sloops
    Residence of mother (if deceased so state) deceased
    Occupation of mother — Race of mother —
    Birthplace of mother (State or foreign country) Osgood. Ind

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Donald B. Stafford

New Address

Subscribed and sworn to before me this 2 day of Dec, 1964

Claude Hughes Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19....

..... Clerk

FEMALE APPLICANT

Name: First Loyzelle Middle Last Stafford

Date of Birth: Month Aug Day 13 Year 1923

Place of Birth (State or foreign country) Greensburg Ind

Residence Address: Street or R. R. 650 Maple Lane City B'burg County Hend. State Ind.

Maiden Name if Different

Previous Marital Status: Never Married ☐ Number of Previous Marriages 1

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

Color or Race: White ☒ Negro ☐ Other ☐ (specify)

Usual Occupation Clerk - B'burg Town Hall

Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree
☐ Other (Specify)

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☒ Yes ☐
   Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you afflicted with a transmissible disease? No ☒ Yes ☐
4. Are you related to the groom closer than second cousin? No ☒ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
7. Full name of father Lowell Pennington
   Residence of father (if deceased so state) deceased
   Occupation of father — Race of father —
   Birthplace of father (State or foreign country) Cotteadland. Ind
8. Full maiden name of mother Effie Parker
   Residence of mother (if deceased so state) Louisville, Ky.
   Occupation of mother Housewife Race of mother W
   Birthplace of mother (State or foreign country) Monroe City, Ind.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Loyzelle Stafford

New Address

Subscribed and sworn to before me this 2 day of Dec, 1964

Claude Hughes Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the ..... County ..... Court by written order issued ..... and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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* December, 19 64, *authorizing the joining together as husband and wife* Donald B Stafford *and* Loyzelle Stafford

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Cecil Sharpe *hereby certify that on the* 7 *day of* December, *one thousand nine hundred and* 64 *at* Greensburg, *County of* Hendricks *State of Indiana, Groom* Donald Stafford *of* Hendricks *County, State of* Indiana, *and, Bride* Loyzelle Stafford *of* Hendricks *County, State of* Indiana, *were by me united 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* Dec, 19 64.

Signed Cecil H Sharpe

Official Designation J. P.

Filed and recorded in accordance with the laws of the State of Indiana this 9 *day of* December, 19 64.

Signed Claude Hughes Clerk

Hendricks Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 337
File Book 28
December 4, 1964
Date of Application

MALE
Medical Examination Report Dated November 23-1964
Name of Physician Thomas K. Rollins MD.

FEMALE
Medical Examination Report Dated November 23 1964
Name of Physician Thomas K. Rollins 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 Charles Middle De Noyelles Last Raper
Date of Birth: Month September Day 16 Year 1943
Place of Birth (State or foreign country): Indianapolis Marion Co Indiana
Residence Address: 643 Harlan Street or R. R. Plainfield City Hendricks County Ind State
Previous Marital Status: Never Married ☑ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify).....
Usual Occupation: air forces
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree ☐ Other (Specify) Selective Service & Certification attached.

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☑ Yes ☐
   If answer to 3 is "yes" has the cause of such condition been removed? No ☑ Yes ☐
4. Are you afflicted with a transmissible disease? No ☑ Yes ☐
5. Are you related to the bride closer than second cousin? No ☑ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
8. Are you able to support a family? Yes ☑ No ☐
9. Are you likely to so continue? Yes ☑ No ☐
10. Do you have minor children from one or more former marriages? No ☐ Yes ☐
    (If yes, answer questions a, b, c)
    (a) List their full names, ages and addresses
    Name ..... Age ..... Address .....
    (b) Are you supporting or contributing to their support? Yes ☐ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father Heath Raper
    Residence of father (if deceased so state) 643 Harlan, Plainfield
    Occupation of father Laborer Race of father W
    Birthplace of father (State or foreign country) Plainfield Ind.
12. Full maiden name of mother Veda Rhea Mayo Nutter
    Residence of mother (if deceased so state) 643 Harlan, Plainfield
    Occupation of mother Deceased Race of mother W
    Birthplace of mother (State or foreign country) Columbus Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.
Signed Charles DeNoyelles Rapers
New Address .....
Subscribed and sworn to before me this 4 day of December 1964
Claude Hughes Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of ..... } ss:
Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day of ....., 19.....
..... Clerk

FEMALE APPLICANT

Name: First Sandra Middle Louise Last Day
Date of Birth: Month July Day 9 Year 1946
Place of Birth (State or foreign country): Evansville Vanderburgh Co Ind.
Residence Address: 2601 So. Boose Ave Street or R. R. Evansville City Vanderburgh County Indiana State
Maiden Name if Different .....
Previous Marital Status: Never Married ☑ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify).....
Usual Occupation: Student . Indiana University
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree ☐ Other (Specify) Birth Certificate

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
7. Full name of father Charles Edward Day
   Residence of father (if deceased so state) Evansville Ind.
   Occupation of father Laborer Race of father W.
   Birthplace of father (State or foreign country) Evansville Ind.
8. Full maiden name of mother Mary Lee Cooper
   Residence of mother (if deceased so state) Evansville Ind.
   Occupation of mother Cost Acct. Race of mother W
   Birthplace of mother (State or foreign country) Evansville Ind.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.
Signed Sandra Louise Day
New Address .....
Subscribed and sworn to before me this 4 day of December 1964
Claude Hughes Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:
Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day of ....., 19.....
..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the ..... County ..... Court by written order issued ..... and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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 December, 19 64, authorizing the joining together as husband and wife Charles DeNoyelles Raper and Sandra Louise Day
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Lloyd C. Peters hereby certify that on the 9 day of December, one thousand nine hundred and 64, at Bloomington, County of Hendricks, State of Indiana, Groom Charles DeNoyelles Raper of Hendricks County, State of Indiana, and, Bride Sandra Louise Day of Vanderburgh County, State of Indiana, were by me united 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 December, 19 64.

Signed Lloyd C. Peters
Official Designation J.P.

Filed and recorded in accordance with the laws of the State of Indiana this 11 day of December, 19 64.

Signed Claude Hughes Clerk
Hendricks Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 337
File Book 28
December 4, 1964
Date of Application

MALE
Medical Examination Report Dated November 23-1964
Name of Physician Thomas K. Rollins MD.

FEMALE
Medical Examination Report Dated November 23 1964
Name of Physician Thomas K. Rollins 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 f

Name First Chas
Date of Birth M
Place of Birth (State or f Indiana
Residence Address 643 H
Previous Marital Status:
Last Marriage Ended By:
Color or Race Whi
Usual Occupation a
Date of birth verified by:

☐ Other (Specify).....

1. Are you now or have y
   An Imbecile?
   Of Unsound Mind?
2. Are you under guardiansh
3. Are you now or have you
   home for indigent pers
   If answer to 3 is "yes"
4. Are you afflicted with
5. Are you related to the
6. Are you now under t
7. Are you now under t
8. Are you able to suppo
9. Are you likely to so
10. Do you have minor chi
    (If yes, answer questi
    (a) List their full nan

Name

.....

.....

.....

(b) Are you supportin
(c) Are you complying
their support?

11. Full name of father....
    Residence of father (i
    Occupation of father.
    Birthplace of father (
12. Full maiden name of
    Residence of mother (
    Occupation of mother
    Birthplace of mother (Sta

State of Indiana,
County of HENDRI

S

New Ad

Subscribed and sworn to b
Claude H

CONSENT OF PARENTS,
We, the parents, of this app
signs, state facts which r

.....

.....

State of Indiana,
County of HENDRI

Signed.
Signed.
Subscribed and sworn to b

MALE APPLICANT

Det 3, 3345th Tech Sch, USAF (ATC)
909 East Cottage Grove
Bloomington, Indiana 47403

REPLY TO
ATTN OF: TS-LD-3

4 Dec 1964

SUBJECT: Verfication of Birth

TO: Whom it may concern

CHARLES D RAPER, AF16797132 was born, Charles DeNoyelles Raper, Birth Certificate Nr. 6687, Date of Birth, 16 Sep 1943, Sex Male, Race, Caucasian, Place of Birth Indianapolis, Indiana, Name of Father Heath Knox Raper, Name of Mother Veda Rheamaya Nutter. This information has been taken from official files of Airman Charles D. Raper, and is true and correct.

WENDELL J. PRIBYL
Captain, USAF
Commander

FEMALE APPLICANT

Address

I depose and state the information given in this application is true and correct

Charles DeNoyelles Raper

day of

Clerk HENDRICKS

GUARDIAN

consent for this marriage

consent of the other parent unnecessary

day of

Address

State of Indiana, HENDRICKS } ss:

I depose and state the information given in this application is true and correct

Sandra Louise Day

New Address

Subscribed and sworn to before me this 7th day of December

Claude Hughes Clerk HENDRICKS

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant, hereby give consent for this marriage. If not signed, state facts which render the consent of the other parent unnecessary.

State of Indiana, HENDRICKS } ss:

Signed

Signed

Subscribed and sworn to before me this day of

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the

.....County.....Court by written order issued.....and filed

in.....authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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* December, 19 64, *authorizing the joining together as husband and wife* Charles DeNoyelles Raper *and* Sandra Louise Day

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Lloyd C. Peters, *hereby certify that on the* 9 *day of* December, *one thousand nine hundred and* 64, *at* Bloomington, *County of* Hendricks, *State of Indiana, Groom* Charles DeNoyelles Raper *of* Hendricks *County, State of* Indiana, *and, Bride* Sandra Louise Day *of* Vanderburgh *County, State of* Indiana, *were by me united 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* December, 19 64.

Signed Lloyd C. Peters
Official Designation J. P.

Filed and recorded in accordance with the laws of the State of Indiana this 11 *day of* December, 19 64.

Signed Claude Hughes Clerk
Hendricks Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 338
File Book 28
December 4, 1963
Date of Application

MALE
Medical Examination Report Dated Nov. 30- 1964
Name of Physician Mac C Roller M.D.

FEMALE
Medical Examination Report Dated November 30- 1964
Name of Physician Mac C Roller M.D.

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Ronald Middle Ray Last Noble

Date of Birth: Month November Day 16 Year 1942

Place of Birth (State or foreign country): French Lick Indiana

Residence Address: Street or R. R. R R 1 Box 488 City Plainfield County Hendricks State Ind

Previous Marital Status: Never Married ☐ Number of Previous Marriages 1

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

Color or Race: White ☒ Negro ☐ Other ☐ (specify)

Usual Occupation Electrician

Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree
☐ Other (Specify)

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☑ Yes ☐
   If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☑ Yes ☐
5. Are you related to the bride closer than second cousin? No ☑ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
8. Are you able to support a family? Yes ☑ No ☐
9. Are you likely to so continue? Yes ☑ No ☐
10. Do you have minor children from one or more former marriages? No ☒ Yes ☐
    (If yes, answer questions a, b, c)
    (a) List their full names, ages and addresses

Name	Age	Address

    (b) Are you supporting or contributing to their support? Yes ☐ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father Roscoe Noble
    Residence of father (if deceased so state) R 1 Box 318 Crawfordsville Ind
    Occupation of father Laborer Race of father W
    Birthplace of father (State or foreign country) Crugco Indiana
12. Full maiden name of mother Alice Nancy Pearmen
    Residence of mother (if deceased so state) R 1 Box 318 Crawfordsville Ind.
    Occupation of mother Housewife Race of mother W
    Birthplace of mother (State or foreign country) French Lick, Ind.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Ronald R. Noble

New Address

Subscribed and sworn to before me this 4 day of December, 1964

Claude Hughes. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

FEMALE APPLICANT

Name: First Rochelle Middle Ann Last Dixon

Date of Birth: Month December Day 31 Year 1939

Place of Birth (State or foreign country) Nappanee Indiana

Residence Address: Street or R. R. 1248 Bridgeport Rd. City Indpls County Marion State Ind.

Maiden Name if Different Rochelle Ann Rettinger

Previous Marital Status: Never Married ☐ Number of Previous Marriages 1

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

Color or Race: White ☑ Negro ☐ Other ☐ (specify)

Usual Occupation unemployed

Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree
☐ Other (Specify)

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
7. Full name of father Carl Rettinger
   Residence of father (if deceased so state) R3 Angola Ind
   Occupation of father Laborer Race of father W
   Birthplace of father (State or foreign country) Bourbon Ind.
8. Full maiden name of mother Gesith Grace Hochstetler
   Residence of mother (if deceased so state) 2461 Stevenson St. Gary Ind.
   Occupation of mother Housewife Race of mother
   Birthplace of mother (State or foreign country) Nappanee Ind.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Rochelle Ann Dixon

New Address

Subscribed and sworn to before me this 4 day of December, 1964

Claude Hughes. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the ..... County ..... Court by written order issued ..... and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* Hendricks *Circuit Court of Indiana dated the* 8 *day of* December, 19 64, *authorizing the joining together as husband and wife* Ronald Ray Noble *and* Rochelle Ann Dixon

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, John Worrell Kirk *hereby certify that on the* 8 *day of* December, *one thousand nine hundred and* 64 *at* Camby, *County of* Hendricks, *State of Indiana, Groom* Ronald Ray Noble *of* Hendricks *County, State of* Indiana, *and, Bride* Rochelle Ann Dixon *of* Marion *County, State of* Indiana, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* Hendricks *County.*

Dated this 8 *day of* December, 19 64.

Signed John Worrell Kirk

Official Designation Pastor

Filed and recorded in accordance with the laws of the State of Indiana this 11 *day of* December, 19 64.

Signed Claude Hughes *Clerk*

Hendricks *Circuit Court*

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 339

File

Dec 5-1964
Date of Application

MALE
Medical Examination Report Dated Dec 3-1964
Name of Physician G. N. Scudder M.D

FEMALE
Medical Examination Report Dated Dec 3-1964
Name of Physician G. N. Scudder M.D

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First James Middle R. Last Glover
Date of Birth: Month Dec. Day 3 Year 1932
Place of Birth (State or foreign country) Indianapolis Ind.
Residence Address: Street or R. R. RR. City Brownsburg County Hend. State Ind.
Previous Marital Status: Never Married ☐ Number of Previous Marriages once
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐
Color or Race: White ☒ Negro ☐ Other ☐ (specify)
Usual Occupation Warehouse
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) Temporary Driving Permit

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☒ Yes ☐
   Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
   If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☒ Yes ☐
5. Are you related to the bride closer than second cousin? No ☒ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☐ Yes ☒
8. Are you able to support a family? Yes ☒ No ☐
9. Are you likely to so continue? Yes ☒ No ☐
10. Do you have minor children from one or more former marriages? No ☐ Yes ☒
    (If yes, answer questions a, b, c)
    (a) List their full names, ages and addresses

Name	Age	Address
Jinetta	14	Indianapolis
Victoria Catherine	11	Indianapolis
James R Glover II	9	Indianapolis

    (b) Are you supporting or contributing to their support? Yes ☒ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☒ No ☐
11. Full name of father Walter J Glover
    Residence of father (if deceased so state) deceased
    Occupation of father — Race of father W
    Birthplace of father (State or foreign country) Indiana
12. Full maiden name of mother Wanda Mae Davis
    Residence of mother (if deceased so state) Indianapolis
    Occupation of mother none Race of mother W
    Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed James R Glover
New Address

Subscribed and sworn to before me this 5 day of Dec., 1964
Claude Hughes Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day of ....., 19.....
..... Clerk

FEMALE APPLICANT

Name: First Dixie Middle A. Last Palmer
Date of Birth: Month June Day 26 Year 1942
Place of Birth (State or foreign country) Jeffersonville Clark Ind.
Residence Address: Street or R. R. RR City Brownsburg County Hend. State Ind.
Maiden Name if Different Dixie a atwell
Previous Marital Status: Never Married ☐ Number of Previous Marriages once
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐
Color or Race: White ☒ Negro ☐ Other ☐ (specify)
Usual Occupation clerk
Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree
☐ Other (Specify)

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☒ Yes ☐
   Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you afflicted with a transmissible disease? No ☒ Yes ☐
4. Are you related to the groom closer than second cousin? No ☒ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
7. Full name of father Edgar atwell
   Residence of father (if deceased so state) Indianapolis
   Occupation of father Heavy Equip. operator Race of father W
   Birthplace of father (State or foreign country) Kentucky
8. Full maiden name of mother Matha Shelton
   Residence of mother (if deceased so state) Indianapolis
   Occupation of mother none Race of mother W
   Birthplace of mother (State or foreign country) Kentucky

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Dixie A Palmer
New Address

Subscribed and sworn to before me this 5 day of Dec., 1964
Claude Hughes Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day of ....., 19.....
..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the ..... County ..... Court by written order issued ..... and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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, 19 64, *authorizing the joining together as husband and wife* James R Glover *and* Dixie A Palmer
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Eugene E. Crowley *hereby certify that on the* 12 *day of* December, *one thousand nine hundred and* 64 *at* Plainfield, *County of* Hendricks, *State of Indiana, Groom* James R. Glover *of* Hendricks *County, State of* Indiana, *and, Bride* Dixie A. 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 12 *day of* December, 19 64.

Signed Eugene E. Crowley
Official Designation J.P.

Filed and recorded in accordance with the laws of the State of Indiana this 16 *day of* December, 19 64.

Signed Claude Hughes *Clerk*
Hendricks *Circuit Court*

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 340

File

Dec 7 - 1964
Date of Application

MALE
Medical Examination Report Dated Dec. 4 - 1964
Name of Physician Earl Hare M. D.

FEMALE
Medical Examination Report Dated Dec 4 - 1964
Name of Physician Earl Hare M D.

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Eugene Middle R Last Cooper III

Date of Birth: Month Nov Day 5 Year 1943

Place of Birth (State or foreign country) Indianapolis Ind.

Residence Address: Street or R. R. 139½ E Center City Plainfield County Hend. State Ind.

Previous Marital Status: Never Married ☒ Number of Previous Marriages.....

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race: White ☒ Negro ☐ Other ☐ (specify).....

Usual Occupation Indiana Tire & Rubber Co.

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) Drivers License

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☒ Yes ☐
   Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
   If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☒ Yes ☐
5. Are you related to the bride closer than second cousin? No ☒ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
8. Are you able to support a family? Yes ☒ No ☐
9. Are you likely to so continue? Yes ☒ No ☐
10. Do you have minor children from one or more former marriages? No ☐ Yes ☐
    (If yes, answer questions a, b, c)
    (a) List their full names, ages and addresses

Name	Age	Address

    (b) Are you supporting or contributing to their support? Yes ☐ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father Eugene R Cooper Jr.
    Residence of father (if deceased so state) R 1 North Salem
    Occupation of father Draftsman Race of father W
    Birthplace of father (State or foreign country) Ohio
12. Full maiden name of mother Mary Bess Grace
    Residence of mother (if deceased so state) R 1 North Salem
    Occupation of mother housewife Race of mother W
    Birthplace of mother (State or foreign country) Ohio

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Eugene R. Cooper III

New Address.....

Subscribed and sworn to before me this 7 day of December, 19 64.

Claude Hughes Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

FEMALE APPLICANT

Name: First Patricia Middle Ann Last Master

Date of Birth: Month July Day 8 Year 1943

Place of Birth (State or foreign country) Indianapolis Ind.

Residence Address: Street or R. R. 603 W Township Rd City Plainfield County Hend. State Ind.

Maiden Name if Different

Previous Marital Status: Never Married ☒ Number of Previous Marriages.....

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race: White ☒ Negro ☐ Other ☐ (specify).....

Usual Occupation Secretary State Bd of Health

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) Drivers License

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☒ Yes ☐
   Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you afflicted with a transmissible disease? No ☒ Yes ☐
4. Are you related to the groom closer than second cousin? No ☒ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
7. Full name of father Sanders W. Master
   Residence of father (if deceased so state) 603 W Township Rd Plainfield
   Occupation of father Ind. Boys School Race of father W
   Birthplace of father (State or foreign country) Indiana
8. Full maiden name of mother Rosemary Soots
   Residence of mother (if deceased so state) Plainfield
   Occupation of mother housewife & clerk Race of mother W
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Patricia A. Master

New Address.....

Subscribed and sworn to before me this 7 day of Dec. 64

Claude Hughes Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the .....County.....Court by written order issued.....and filed in.....authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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* December, 19 64, *authorizing the joining together as husband and wife* Eugene R Cooper III *and* Patricia Ann Master

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Bill P. Russell *hereby certify that on the* 12 *day of* December, *one thousand nine hundred and* 64 *at* Plainfield, *County of* Hendricks, *State of Indiana, Groom* Eugene R Cooper III *of* Hendricks *County, State of* Indiana, *and, Bride* Patricia Master *of* Hendricks *County, State of* Indiana, *were by me united 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, 19 64.

Signed B. P. Russell

Official Designation Nazarene Minister

Filed and recorded in accordance with the laws of the State of Indiana this 16 *day of* December, 19 64.

Signed Claude Hughes Clerk

Hendricks Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 341

File

Dec 8 1964
Date of Application

MALE
Medical Examination Report Dated Nov 18, 1964
Name of Physician Fred P. Warbinton, M.D.

FEMALE
Medical Examination Report Dated Nov 25, 1964
Name of Physician J.B. Haggard, M.D.

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First William Middle H Last Wilcox

Date of Birth: Month 9 Day 7 Year 1918

Place of Birth (State or foreign country): Chicago Illinois

Residence Address: Street or R. R. 223 Raines City Plainfield County Hend. State Ind.

Previous Marital Status: Never Married ☐ Number of Previous Marriages 2

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

Color or Race: White ☑ Negro ☐ Other ☐ (specify)

Usual Occupation: Clerk's Service Writer

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree ☑ Other (Specify) Driver's License

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☑ Yes ☐
   If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☑ Yes ☐
5. Are you related to the bride closer than second cousin? No ☑ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
8. Are you able to support a family? Yes ☑ No ☐
9. Are you likely to so continue? Yes ☑ No ☐
10. Do you have minor children from one or more former marriages? No ☑ Yes ☐
    (If yes, answer questions a, b, c)
    (a) List their full names, ages and addresses
    Name Age Address
    (b) Are you supporting or contributing to their support? Yes ☐ No ☑
    (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☑
11. Full name of father Arthur H. Wilcox
    Residence of father (if deceased so state) deceased
    Occupation of father Race of father white
    Birthplace of father (State or foreign country) Covington, Ky.
12. Full maiden name of mother Nellie Kalstedt
    Residence of mother (if deceased so state) 849 Mariposa Kingsburg, Cal.
    Occupation of mother housewife Race of mother White
    Birthplace of mother (State or foreign country) Lincoln, Va.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed William H. Wilcox

New Address

Subscribed and sworn to before me this 8 day of December 1964

Claude Hughes Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

FEMALE APPLICANT

Name: First Barbara Middle ann Last Rooze

Date of Birth: Month Jan Day 25 Year 1924

Place of Birth (State or foreign country): Grand Rapids Michigan

Residence Address: Street or R. R. 223 Raines City Plainfield County Hend. State Ind.

Maiden Name if Different: Barbara Ann Boudon

Previous Marital Status: Never Married ☐ Number of Previous Marriages 1

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

Color or Race: White ☑ Negro ☐ Other ☐ (specify)

Usual Occupation: Waitress

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree ☑ Other (Specify) Driver's License

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
7. Full name of father Robert W Gordon
   Residence of father (if deceased so state) deceased
   Occupation of father Race of father white
   Birthplace of father (State or foreign country) New York City
8. Full maiden name of mother Hazel Mae Bandewater
   Residence of mother (if deceased so state) Grand Rapids, Mich.
   Occupation of mother housewife Race of mother white
   Birthplace of mother (State or foreign country) Big Rapids, Michigan

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Barbara Ann Rooze

New Address

Subscribed and sworn to before me this 8 day of December 1964

Claude Hughes Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the ..... County ..... Court by written order issued ..... and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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* December, 19 64, *authorizing the joining together as husband and wife* William H. Wilcox *and* Barbara Ann Rooze

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Eugene E. Crowley *hereby certify that on the* 17 *day of* December, *one thousand nine hundred and* 64, *at* Plainfield, *County of* Hendricks, *State of Indiana, Groom* William H. Wilcox *of* Hendricks *County, State of* Indiana, *and, Bride* Barbara Ann Rooze *of* Hendricks *County, State of* Indiana, *were by me united 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 64.

Signed Eugene E. Crowley

Official Designation Justice Of Peace

Filed and recorded in accordance with the laws of the State of Indiana this 24 *day of* December, 19 64.

Signed Claude Hughes Clerk

Hendricks Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 342

File Dec 8, 1964
Date of Application

MALE
Medical Examination Report Dated Dec 8, 1964
Name of Physician A. M. Scudder, M.D.

FEMALE
Medical Examination Report Dated A. M. Dec 8, 1964
Name of Physician A. M. Scudder, M.D.

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Paul Middle O. Last Davidson
Date of Birth: Month Dec Day 2 Year 1943
Place of Birth (State or foreign country) Tadlips, Ind.
Residence Address: Street or R. R. 2122 North Auburn City Speedway County Hend. State Ind.
Previous Marital Status: Never Married ☑ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify).....
Usual Occupation Howard Sam's
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify).....

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☑ Yes ☐
   If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☑ Yes ☐
5. Are you related to the bride closer than second cousin? No ☑ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
8. Are you able to support a family? Yes ☑ No ☐
9. Are you likely to so continue? Yes ☑ No ☐
10. Do you have minor children from one or more former marriages? No ☐ Yes ☐
    (If yes, answer questions a, b, c)
    (a) List their full names, ages and addresses

Name	Age	Address

    (b) Are you supporting or contributing to their support? Yes ☐ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father Everett Clark Davidson
    Residence of father (if deceased so state) Speedway, Ind.
    Occupation of father Allison's Race of father White
    Birthplace of father (State or foreign country) Indiana
12. Full maiden name of mother Helen Ruth Jeffries
    Residence of mother (if deceased so state) Speedway, Ind.
    Occupation of mother Allison's Race of mother White
    Birthplace of mother (State or foreign country) Illinois

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.
Signed Paul O. Davidson
New Address.....
Subscribed and sworn to before me this 8 day of December 19 64.
Claude Hughes Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:
Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day of....., 19.....
.....Clerk

FEMALE APPLICANT

Name: First Pauline Middle Williams Last
Date of Birth: Month May Day 19 Year 1945
Place of Birth (State or foreign country) London England
Residence Address: Street or R. R. 440 Douglas Drive City Brownsburg County Hend. State Ind.
Maiden Name if Different
Previous Marital Status: Never Married ☑ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify).....
Usual Occupation Paul Harris
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify).....

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
7. Full name of father Carl Dempsey Williams
   Residence of father (if deceased so state) —
   Occupation of father Self employed Race of father White
   Birthplace of father (State or foreign country) Beattyville, Ky.
8. Full maiden name of mother Pamela Pauline Pierce
   Residence of mother (if deceased so state) Brownsburg, Ind.
   Occupation of mother Bookkeeper Race of mother White
   Birthplace of mother (State or foreign country) London, England

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.
Signed Pauline Williams
New Address.....
Subscribed and sworn to before me this 8 day of December, 19 64.
Claude Hughes Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:
Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day of....., 19.....
.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the .....County.....Court by written order issued.....and filed in.....authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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 December, 1964, authorizing the joining together as husband and wife Paul O. Davidson and Pauline Williams
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, ~~Paul O. D~~ Lester B. Yearick hereby certify that on the 12 day of December, one thousand nine hundred and 64 at Brownsburg, County of Hendricks, State of Indiana, Groom Paul O. Davidson of Marion County, State of Indiana, and, Bride Pauline Williams of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of Hendricks County.
Dated this 12 day of December, 19 64.
Signed Lester B. Yearick
Official Designation Minister
Filed and recorded in accordance with the laws of the State of Indiana this 21 day of December, 19 64.
Signed Claude Hughes Clerk
Hendricks Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 343

File Dec 11-1964
Date of Application

MALE
Medical Examination Report Dated Nov 12-1964
Name of Physician Mac C Roller M.D.

FEMALE
Medical Examination Report Dated Dec 7-1964
Name of Physician Laura Hare. 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 Joel Middle — Last Chandler

Date of Birth: Month Oct Day 20 Year 1892

Place of Birth (State or foreign country): Pilot Mt. N. Carolina

Residence Address: Street or R. R. R1 Box 327 City Plainfield County — State Ind.

Previous Marital Status: Never Married ☒ Number of Previous Marriages: twice

Last Marriage Ended By: Death ☒ Divorce ☐ Annulment ☐

Color or Race: White ☒ Negro ☐ Other ☐ (specify)

Usual Occupation: Retired Police Dept.

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) Drivers License

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☒ Yes ☐
   Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
   If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☒ Yes ☐
5. Are you related to the bride closer than second cousin? No ☒ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
8. Are you able to support a family? Yes ☒ No ☐
9. Are you likely to so continue? Yes ☒ No ☐
10. Do you have minor children from one or more former marriages? No ☐ Yes ☐
    (If yes, answer questions a, b, c)
    (a) List their full names, ages and addresses

    Name | Age | Address

    (b) Are you supporting or contributing to their support? Yes ☐ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father: Edward Swain Chandler
    Residence of father (if deceased so state): deceased.
    Occupation of father: — Race of father: W
    Birthplace of father (State or foreign country): N. Carolina
12. Full maiden name of mother: Susan Elizabeth Pratt
    Residence of mother (if deceased so state): Deceased
    Occupation of mother: — Race of mother: W
    Birthplace of mother (State or foreign country): N. Carolina

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed: Joel Chandler
New Address:

Subscribed and sworn to before me this 11 day of December, 1964
Claude Hughes Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day of ....., 19.....
..... Clerk

FEMALE APPLICANT

Name: First Blanche Middle E Last Gardner

Date of Birth: Month Aug Day 22 Year 1899

Place of Birth (State or foreign country): Evansville Ind.

Residence Address: Street or R. R. R1 Box 24 City Zionsville County — State Ind.

Maiden Name if Different: Blanche E Daugherty

Previous Marital Status: Never Married ☐ Number of Previous Marriages: Once

Last Marriage Ended By: Death ☒ Divorce ☐ Annulment ☐

Color or Race: White ☒ Negro ☐ Other ☐ (specify)

Usual Occupation: Secretary

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) Drivers License

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☒ Yes ☐
   Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you afflicted with a transmissible disease? No ☒ Yes ☐
4. Are you related to the groom closer than second cousin? No ☒ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
7. Full name of father: Samuel C. Daugherty
   Residence of father (if deceased so state): Deceased
   Occupation of father: — Race of father: W
   Birthplace of father (State or foreign country): Indiana
8. Full maiden name of mother: Mary Etta Angel
   Residence of mother (if deceased so state): Deceased
   Occupation of mother: — Race of mother: W
   Birthplace of mother (State or foreign country): Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed: Blanche E Gardner
New Address:

Subscribed and sworn to before me this 11 day of Dec., 1964
Claude Hughes Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day of ....., 19.....
..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the ..... County ..... Court by written order issued ..... and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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 December, 19 64, authorizing the joining together as husband and wife Joel Chandler and Blanche E Gardner
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Conley Bowman hereby certify that on the 19th day of December, one thousand nine hundred and sixty four at Plainfield, County of Hendricks, State of Indiana, Groom Joel Chandler and, Bride Blanche E. Gardner of Boone County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of Hendricks County.
Dated this 19 day of December, 19 64.

Signed Conley Bowman
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 24th day of February, 19 65.

Signed John Gambold Jr. Clerk
Hendricks Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 344
File Book 28
Dec 12 - 1964
Date of Application

MALE
Medical Examination Report Dated Dec 10 - 1964
Name of Physician Herbert N. Hill M.D.

FEMALE
Medical Examination Report Dated Dec 10 - 1964
Name of Physician Herbert N. 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, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Ronald Middle DeVonne Last Ward
Date of Birth: Month March Day 9 Year 1929
Place of Birth (State or foreign country) RR Danville Hendricks Co. Indiana
Residence Address: Street or R. R. 198 No Wayne City Danville County Hendricks State Ind.
Previous Marital Status: Never Married ☐ Number of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐
Color or Race: White ☐ Negro ☐ Other ☐ (specify)
Usual Occupation
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree,
☐ Other (Specify) Ind. Afforatory Licence

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☑ Yes ☐
   If answer to 3 is "yes" has the cause of such condition been removed? No ☑ Yes ☐
4. Are you afflicted with a transmissible disease? No ☑ Yes ☐
5. Are you related to the bride closer than second cousin? No ☑ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
8. Are you able to support a family? Yes ☑ No ☐
9. Are you likely to so continue? Yes ☑ No ☐
10. Do you have minor children from one or more former marriages? No ☐ Yes ☑
    (If yes, answer questions a, b, c)
    (a) List their full names, ages and addresses

Name	Age	Address
Diana	15	RR Plainfield
Karen	13	"
Keith	3	"

    (b) Are you supporting or contributing to their support? Yes ☐ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father Ernest Ward
    Residence of father (if deceased so state) 198 No Wayne Danville
    Occupation of father Laborer Race of father W.
    Birthplace of father (State or foreign country) RR Danville Ind
12. Full maiden name of mother Dora Worrell
    Residence of mother (if deceased so state) 198 No Wayne Danville
    Occupation of mother Housewife Race of mother W
    Birthplace of mother (State or foreign country) RR Danville Ind

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Ronald D. Ward
New Address 198 N Wayne - Danville Ind

Subscribed and sworn to before me this 12 day of December 19 64
Claude Hughes Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day of....., 19.....
.....Clerk

FEMALE APPLICANT

Name: First Beverly Middle June Last Wittman
Date of Birth: Month April Day 10 Year 1940
Place of Birth (State or foreign country) Indianapolis Marion Co. Indiana
Residence Address: Street or R. R. 3532 Lowry Rd. City Indpls County Mar. State Indiana
Maiden Name if Different Beverly June Hayden
Previous Marital Status: Never Married ☐ Number of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify)
Usual Occupation Allison Trac. Indpls.
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) Allison Pass.

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
7. Full name of father James Hayden
   Residence of father (if deceased so state) unknown
   Occupation of father..... Race of father W.
   Birthplace of father (State or foreign country) unknown
8. Full maiden name of mother Lois Marie Welch
   Residence of mother (if deceased so state) deceased
   Occupation of mother..... Race of mother W.
   Birthplace of mother (State or foreign country) Indianapolis Ind.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Beverly J. Wittman
New Address 3532 Lowry Rd.

Subscribed and sworn to before me this 12 day of December 19 64
Claude Hughes Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day of....., 19.....
.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the.....County.....Court by written order issued.....and filed in.....authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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, 19 64, *authorizing the joining together as husband and wife* Ronald DeVonne Ward *and* Beverly June Wittman

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Charles M. Roth *hereby certify that on the* 18 *day of* December, *one thousand nine hundred and* 64 *at* Indianapolis, *County of* Marion, *State of Indiana, Groom* Ronald DeVonne Ward *of* Hendricks *County, State of* Indiana *and, Bride* Beverly June Wittman *of* Marion *County, State of* Indiana, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* Hendricks *County.*

Dated this 18 *day of* December, 19 64.

Signed Charles M. Roth
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 23 *day of* December, 19 64.

Signed Claude Hughes Clerk
Hendricks Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 345

File

Dec 12-1964
Date of Application

MALE
Medical Examination Report Dated Dec 1-1964
Name of Physician Irving Cohen

FEMALE
Medical Examination Report Dated Nov 30-1964
Name of Physician Irving Cohen

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Richard Middle Sidney Last Ashton

Date of Birth: Month April Day 3 Year 1942

Place of Birth (State or foreign country) Paoli Ind.

Residence Address: Street or R. R. 832 S. 7th St. City Terre Haute County Vigo State Ind.

Previous Marital Status: Never Married ☒ Number of Previous Marriages.....

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race: White ☒ Negro ☐ Other ☐ (specify).....

Usual Occupation School Teacher

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) Selective Service Card

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☒ Yes ☐
   Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
   If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☒ Yes ☐
5. Are you related to the bride closer than second cousin? No ☒ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
8. Are you able to support a family? Yes ☒ No ☐
9. Are you likely to so continue? Yes ☒ No ☐
10. Do you have minor children from one or more former marriages? No ☐ Yes ☐
    (If yes, answer questions a, b, c)
    (a) List their full names, ages and addresses

Name	Age	Address

    (b) Are you supporting or contributing to their support? Yes ☐ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father Morton R Ashton
    Residence of father (if deceased so state) Wilmington Ohio
    Occupation of father Air Force Officer Race of father W
    Birthplace of father (State or foreign country) Indiana
12. Full maiden name of mother Mary E Feller
    Residence of mother (if deceased so state) Wilmington Ohio
    Occupation of mother Housewife Race of mother W
    Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Richard Sidney Ashton

New Address 1600 S. 3rd Terre Haute, Indiana

Subscribed and sworn to before me this 12 day of Dec., 1964

Claude J Hughes Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

FEMALE APPLICANT

Name: First Judy Middle Kay Last Simmons

Date of Birth: Month June Day 24 Year 1943

Place of Birth (State or foreign country) Indianapolis Ind

Residence Address: Street or R. R. 503 Maston City Plainfield County Hend. State Ind

Maiden Name if Different

Previous Marital Status: Never Married ☒ Number of Previous Marriages.....

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race: White ☒ Negro ☐ Other ☐ (specify).....

Usual Occupation Student

Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree
☐ Other (Specify).....

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☒ Yes ☐
   Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you afflicted with a transmissible disease? No ☒ Yes ☐
4. Are you related to the groom closer than second cousin? No ☒ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
7. Full name of father Jerrell Simmons
   Residence of father (if deceased so state) Plainfield
   Occupation of father Public Service Co. Lineman Race of father W
   Birthplace of father (State or foreign country) Indiana
8. Full maiden name of mother Opal Dongan
   Residence of mother (if deceased so state) Eldorado
   Occupation of mother Beautician Race of mother W
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Judy Kay Simmons

New Address 1600 S. 3rd, Terre Haute, Ind

Subscribed and sworn to before me this 12 day of Dec., 1964

Claude J Hughes Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the.....County.....Court by written order issued.....and filed in.....authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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 64, authorizing the joining together as husband and wife Richard Sidney Ashton and Judy Kay Simmons

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Donald F. McMahan hereby certify that on the 19 day of December, one thousand nine hundred and 64 at Plainfield, County of Hendricks, State of Indiana, Groom Richard Sidney Ashton of Vigo County, State of Indiana, and, Bride Judy Kay 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 19 day of December, 19 64.

Signed Donald F. McMahan

Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 22 day of December, 19 64.

Signed Claude J. Hughes Clerk

Hendricks Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 346

File

Dec 12 - 1964
Date of Application

MALE
Medical Examination Report Dated 11-20-64
Name of Physician John Records M.D.

FEMALE
Medical Examination Report Dated 11-20-64
Name of Physician John Records 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 Conrad Middle Wayne Last Ramsey

Date of Birth: Month March Day 1 Year 1937

Place of Birth (State or foreign country) Macon Co. Tenn.

Residence Address: Street or R. R. 432 Pleasant Drive City Whiteland County Johnson State Ind.

Previous Marital Status: Never Married ☒ Number of Previous Marriages.....

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race: White ☒ Negro ☐ Other ☐ (specify).....

Usual Occupation Electro chemistry

Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree

☐ Other (Specify).....

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☒ Yes ☐
   Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
   If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☒ Yes ☐
5. Are you related to the bride closer than second cousin? No ☒ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
8. Are you able to support a family? Yes ☒ No ☐
9. Are you likely to so continue? Yes ☒ No ☐
10. Do you have minor children from one or more former marriages? No ☐ Yes ☐
    (If yes, answer questions a, b, c)
    (a) List their full names, ages and addresses

    Name Age Address

    (b) Are you supporting or contributing to their support? Yes ☐ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father Chester Carrol Ramsey
    Residence of father (if deceased so state) La Fayette Tenn.
    Occupation of father Minister Race of father W
    Birthplace of father (State or foreign country) Tenn.
12. Full maiden name of mother Clovis Maud Barton
    Residence of mother (if deceased so state) La Fayette Tenn.
    Occupation of mother Housewife Race of mother W
    Birthplace of mother (State or foreign country) Tenn.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed ☒ Conrad Ramsey

New Address.....

Subscribed and sworn to before me this 12 day of Dec, 19 64

Claudie Hughes Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

FEMALE APPLICANT

Name: First Shirley Middle marie Last Wagle

Date of Birth: Month Jan Day 7 Year 1943

Place of Birth (State or foreign country) Hendricks Co. Ind.

Residence Address: Street or R. R. RR 2 City Danville County Hend. State Ind.

Maiden Name if Different

Previous Marital Status: Never Married ☒ Number of Previous Marriages.....

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race: White ☒ Negro ☐ Other ☐ (specify).....

Usual Occupation typist

Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree

☐ Other (Specify).....

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☒ Yes ☐
   Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you afflicted with a transmissible disease? No ☒ Yes ☐
4. Are you related to the groom closer than second cousin? No ☒ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
7. Full name of father Ora Wagle
   Residence of father (if deceased so state) Danville
   Occupation of father Carpenter Race of father W
   Birthplace of father (State or foreign country) Indiana
8. Full maiden name of mother Elnora P Spurr
   Residence of mother (if deceased so state) Danville
   Occupation of mother Housewife Race of mother W
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed ☒ Shirley marie Wagle

New Address.....

Subscribed and sworn to before me this 12 day of Dec, 19 64

Claudie Hughes Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the .....County.....Court by written order issued.....and filed in.....authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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 64, *authorizing the joining together as husband and wife* Conrad Wayne Ramsey *and* Shirley marie Wagle.

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Carlos Hammon hereby certify that on the 24th day of December, one thousand nine hundred and 64 at New Whiteland, County of Johnson, State of Indiana, Groom Conrad Wayne Ramsey of Johnson County, State of Indiana, and, Bride Shirley Marie Wagle of Hendricks County, State of Indiana, were by me united 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 January, 19 65.

Signed Carlos Hammon

Official Designation Missionary Baptist Minister

Filed and recorded in accordance with the laws of the State of Indiana this 7 *day of* Jan, 19 65.

Signed John Hanbold, Jr Clerk
Hendricks Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 347

File

Dec 12 - 1964
Date of Application

MALE
Medical Examination Report Dated Dec 7-1964
Name of Physician Donald D Cheesman M D.

FEMALE
Medical Examination Report Dated Dec 7-1964
Name of Physician Donald D Cheesman 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 Mark Middle D. Last Lawson

Date of Birth: Month Dec Day 11 Year 1942

Place of Birth (State or foreign country) Indianapolis Ind.

Residence Address: Street or R. R. R2 City Danville County Hend. State Ind

Previous Marital Status: Never Married ☒ Number of Previous Marriages.....

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race: White ☒ Negro ☐ Other ☐ (specify).....

Usual Occupation Farming

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) Drivers Licence

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☒ Yes ☐
   Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
   If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☒ Yes ☐
5. Are you related to the bride closer than second cousin? No ☒ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
8. Are you able to support a family? Yes ☒ No ☐
9. Are you likely to so continue? Yes ☒ No ☐
10. Do you have minor children from one or more former marriages? No ☐ Yes ☐
    (If yes, answer questions a, b, c)
    (a) List their full names, ages and addresses
    Name Age Address
    (b) Are you supporting or contributing to their support? Yes ☐ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father Donald H Lawson
    Residence of father (if deceased so state) R2 Danville
    Occupation of father Farming Race of father W
    Birthplace of father (State or foreign country) Indiana
12. Full maiden name of mother Dorothy Ellen Graham
    Residence of mother (if deceased so state) Danville
    Occupation of mother Housewife Race of mother W
    Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Mark D. Lawson

New Address.....

Subscribed and sworn to before me this 12 day of Dec, 19 64

Claude Hughes Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

FEMALE APPLICANT

Name: First Donna Middle Mae Last Hines

Date of Birth: Month March Day 8 Year 1943

Place of Birth (State or foreign country) Lebanon Ind.

Residence Address: Street or R. R. R1 City Lizton County Hend. State Ind.

Maiden Name if Different

Previous Marital Status: Never Married ☒ Number of Previous Marriages.....

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race: White ☒ Negro ☐ Other ☐ (specify).....

Usual Occupation Student

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) Drivers Licence

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☒ Yes ☐
   Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you afflicted with a transmissible disease? No ☒ Yes ☐
4. Are you related to the groom closer than second cousin? No ☒ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
7. Full name of father Donald A Hines
   Residence of father (if deceased so state) Lizton
   Occupation of father Mechanic + Farm Race of father W
   Birthplace of father (State or foreign country) Indiana
8. Full maiden name of mother Osie Lucille Winn
   Residence of mother (if deceased so state) Lizton
   Occupation of mother Housewife Race of mother W
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Donna Mae Hines

New Address.....

Subscribed and sworn to before me this 12 day of Dec, 19 64

Claude Hughes Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the.....County.....Court by written order issued.....and filed in.....authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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* December, 19 64, *authorizing the joining together as husband and wife* Mark D. Lawson *and* Donna Mae Hines

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Jack E Van Arsdale, *hereby certify that on the* 27 *day of* December, *one thousand nine hundred and* 64 *at* Jamestown, *County of* Boone, *State of Indiana, Groom* Mark D. Lawson *of* Hendricks *County, State of* Indiana, *and, Bride* Donna Mae Hines *of* Hendricks *County, State of* Indiana, *were by me united 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* December, 19 64.

Signed Jack E Van Arsdale

Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 27 *day of* December, 19 64.

Signed Claude Hughes Clerk

Hendricks Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 348

File

Dec 14 - 1964
Date of Application

MALE
Medical Examination Report Dated Dec 1 - 1964
Name of Physician Alvin D Schaaf M. D.

FEMALE
Medical Examination Report Dated Dec 1 - 1964
Name of Physician Alvin D Schaaf M. D.

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First C. Middle Russell Last Martin

Date of Birth: Month Dec Day 12 Year 1892

Place of Birth (State or foreign country): Jamestown Ind.

Residence Address: Street or R. R. 239 Spirea Dr City Dayton County Ohio State

Previous Marital Status: Never Married ☐ Number of Previous Marriages once

Last Marriage Ended By: Death ☒ Divorce ☐ Annulment ☐

Color or Race: White ☒ Negro ☐ Other ☐ (specify)

Usual Occupation: Retired

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree ☐ Other (Specify) Drivers License

1. Are you now or have you been adjudged, diagnosed or considered as: An Imbecile? No ☒ Yes ☐ Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐ If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☒ Yes ☐
5. Are you related to the bride closer than second cousin? No ☒ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
8. Are you able to support a family? Yes ☒ No ☐
9. Are you likely to so continue? Yes ☒ No ☐
10. Do you have minor children from one or more former marriages? No ☐ Yes ☐
(If yes, answer questions a, b, c)
(a) List their full names, ages and addresses

Name	Age	Address

(b) Are you supporting or contributing to their support? Yes ☐ No ☐
(c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐

11. Full name of father Charles F Martin
Residence of father (if deceased so state) Deceased
Occupation of father — Race of father W
Birthplace of father (State or foreign country) Indiana
12. Full maiden name of mother Miranda Frances Tucker
Residence of mother (if deceased so state) Deceased
Occupation of mother — Race of mother W
Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed C. Russell Martin

New Address

Subscribed and sworn to before me this 14 day of December, 1964.

Claude Hughes Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

FEMALE APPLICANT

Name: First Eula Middle Rose Last Martin

Date of Birth: Month Dec Day 29 Year 1911

Place of Birth (State or foreign country): White Co. Ill

Residence Address: Street or R. R. Liston City County State Ind.

Maiden Name if Different Eula Rose Pyle

Previous Marital Status: Never Married ☐ Number of Previous Marriages once

Last Marriage Ended By: Death ☒ Divorce ☐ Annulment ☐

Color or Race: White ☒ Negro ☐ Other ☐ (specify)

Usual Occupation Housewife (Farmer)

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree ☐ Other (Specify) Drivers License

1. Are you now or have you been adjudged, diagnosed or considered as: An Imbecile? No ☒ Yes ☐ Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you afflicted with a transmissible disease? No ☒ Yes ☐
4. Are you related to the groom closer than second cousin? No ☒ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
7. Full name of father E. A. Pyle
Residence of father (if deceased so state) Deceased
Occupation of father — Race of father W
Birthplace of father (State or foreign country) Illinois
8. Full maiden name of mother Mary Etta Wilson
Residence of mother (if deceased so state) Deceased
Occupation of mother — Race of mother W
Birthplace of mother (State or foreign country) Illinois

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Eula Rose Martin

New Address

Subscribed and sworn to before me this 14 day of December, 1964

Claude Hughes Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the ..... County ..... Court by written order issued ..... and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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, 1964, authorizing the joining together as husband and wife C Russell Martin and Eula Rose Martin

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Paul A. Shepard hereby certify that on the 29th day of December, one thousand nine hundred and Sixty-four at R 1, Liston, County of Hendricks, State of Indiana, Groom C Russell Martin of Montgomery County, State of Ohio, and, Bride Eula Rose 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 29 day of December, 1964.

Signed Paul A Shepard

Official Designation minister

Filed and recorded in accordance with the laws of the State of Indiana this 5th day of January, 1965

Signed John Gambold, Jr Clerk

Hendricks Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 349
File Book 28
Dec 14-1964
Date of Application

MALE
Medical Examination Report Dated December 10-1964
Name of Physician Carl L. Heinlein M.D.

FEMALE
Medical Examination Report Dated December 10-1964
Name of Physician Carl L. Heinlein M.D.

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Joseph Middle Lee Last Nare
Date of Birth: Month September Day 25 Year 1941
Place of Birth (State or foreign country) Cayuga Vermillion Co. Indiana
Residence Address: Street or R. R. R2 Ladoga City Hendricks County Indiana State
Previous Marital Status: Never Married ☐ Number of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify)
Usual Occupation Factory Worker
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) Drivers License

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☑ Yes ☐
   If answer to 3 is "yes" has the cause of such condition been removed? No ☑ Yes ☐
4. Are you afflicted with a transmissible disease? No ☑ Yes ☐
5. Are you related to the bride closer than second cousin? No ☑ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
8. Are you able to support a family? Yes ☑ No ☐
9. Are you likely to so continue? Yes ☑ No ☐
10. Do you have minor children from one or more former marriages? No ☐ Yes ☑
    (If yes, answer questions a, b, c)
    (a) List their full names, ages and addresses

Name	Age	Address
Theresa Lynn	3	Crawfordsville
Michael Joseph	1 yr	Crawfordsville

    (b) Are you supporting or contributing to their support? Yes ☑ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☑ No ☐
11. Full name of father Otto Nare
    Residence of father (if deceased so state) St Bernice Indiana
    Occupation of father Laborer Race of father W
    Birthplace of father (State or foreign country) Robersin Ills.
12. Full maiden name of mother Virginia Lee Cook
    Residence of mother (if deceased so state) St Bernice Ills
    Occupation of mother Housewife Race of mother W
    Birthplace of mother (State or foreign country) Danville Ills

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Joseph Lee Nare
New Address

Subscribed and sworn to before me this 14 day of December, 19 64
Claude Hughes Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day of ....., 19.....
..... Clerk

FEMALE APPLICANT

Name: First Judy Middle Joan Last Barnhart
Date of Birth: Month May Day 5 Year 1944
Place of Birth (State or foreign country) Crawfordsville Indiana
Residence Address: Street or R. R. R2 City Ladoga County Hendricks State Indiana
Maiden Name if Different maiden name restored
Previous Marital Status: Never Married ☐ Number of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify)
Usual Occupation unemployed
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) Drivers License

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
7. Full name of father Frank Barnhart
   Residence of father (if deceased so state) RR2 Ladoga Ind.
   Occupation of father Laborer Race of father W
   Birthplace of father (State or foreign country) Chicago Ills.
8. Full maiden name of mother Opal Lucille Broach
   Residence of mother (if deceased so state) R2 Ladoga Ind
   Occupation of mother Housewife Race of mother W.
   Birthplace of mother (State or foreign country) Crawfordsville Ind.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Judy Joan Barnhart
New Address

Subscribed and sworn to before me this 14 day of December, 19 64
Claude Hughes Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day of ....., 19.....
..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the ..... County ..... Court by written order issued ..... and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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* Dec *19* 64*, authorizing the joining together as husband and wife* Joseph Lee Nare *and* Judy Joan Barnhart

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, R.B. Pickard *hereby certify that on the* 19 *day of* December, *one thousand nine hundred and* 64 *at* Danville, *County of* Hendricks, *State of Indiana, Groom* Joseph Lee Nare *of* Hendricks *County, State of* Indiana, *and, Bride* Judy Joan Barnhart *of* Hendricks *County, State of* Indiana, *were by me united 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* December, *19* 64.

Signed R.B. Pickard
Official Designation J.P.

Filed and recorded in accordance with the laws of the State of Indiana this 21 *day of* December, *19* 64

Signed Claude Hughes *Clerk*
Hendricks *Circuit Court*

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 350

File

Dec 16, 1964
Date of Application

MALE
Medical Examination Report Dated Dec 9, 1964
Name of Physician Robert J. Hanss, Capt MC

FEMALE
Medical Examination Report Dated Dec 4, 1964
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 Elmer; Middle R; Last Martin

Date of Birth: Month Feb; Day 9; Year 1942

Place of Birth (State or foreign country) Evansville Ind.

Residence Address: Street or R. R. 115 East Marilyn; City Evansville; County Vanderburg; State Ind.

Previous Marital Status: Never Married ☑ Number of Previous Marriages 0

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race: White ☑ Negro ☐ Other ☐ (specify)

Usual Occupation Army

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree ☑ Other (Specify) Military I.D. Card.

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☑ Yes ☐
   If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☑ Yes ☐
5. Are you related to the bride closer than second cousin? No ☑ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
8. Are you able to support a family? Yes ☑ No ☐
9. Are you likely to so continue? Yes ☑ No ☐
10. Do you have minor children from one or more former marriages? No ☐ Yes ☐
    (If yes, answer questions a, b, c)
    (a) List their full names, ages and addresses

    Name / Age / Address

    (b) Are you supporting or contributing to their support? Yes ☐ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father Elmer Charles Martin
    Residence of father (if deceased so state) Evansville, Ind.
    Occupation of father Minister Race of father White
    Birthplace of father (State or foreign country) St. Phillips, Ind
12. Full maiden name of mother Elvera Edna Fromer
    Residence of mother (if deceased so state) Evansville, Ind.
    Occupation of mother Housewife Race of mother White
    Birthplace of mother (State or foreign country) St. Phillips, Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Elmer R. Martin

New Address

Subscribed and sworn to before me this 16 day of December, 19 64.

Claude Hughes Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

FEMALE APPLICANT

Name: First Mary; Middle Ann; Last Bronte

Date of Birth: Month March; Day 23; Year 1946

Place of Birth (State or foreign country) Brooklyn, New York

Residence Address: Street or R. R. Box 3; City Lizton; County Hendricks; State Indiana

Maiden Name if Different

Previous Marital Status: Never Married ☑ Number of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race: White ☑ Negro ☐ Other ☐ (specify)

Usual Occupation Student

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree ☑ Other (Specify) Drivers License

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
7. Full name of father Ernest P. Bronte
   Residence of father (if deceased so state) Lizton, Ind.
   Occupation of father Step-father Race of father White
   Birthplace of father (State or foreign country) Brooklyn, New York
8. Full maiden name of mother Helen Pearl Bateman
   Residence of mother (if deceased so state) Lizton, Ind.
   Occupation of mother Housewife Race of mother White
   Birthplace of mother (State or foreign country) Valdeen, Tenn.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Mary Ann Bronte

New Address

Subscribed and sworn to before me this 16 day of December, 19 64.

Claude Hughes Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the ..... County ..... Court by written order issued ..... and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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 64, authorizing the joining together as husband and wife Elmer R. Martin and Mary Ann Bronte

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Elmer C. Martin hereby certify that on the 17 day of December, one thousand nine hundred and 64 at Evansville, County of Hendricks, State of Indiana, Groom Elmer R. Martin of Vandenburgh County, State of Indiana, and, Bride Mary Ann Bronte of Hendricks County, State of Indiana, were by me united 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 64.

Signed Elmer C. Martin

Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 21 day of December, 19 64.

Signed Claude Hughes Clerk
Hendricks Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 351

File

Dec 16-1964
Date of Application

MALE
Medical Examination Report Dated 12-14-64
Name of Physician Walter McMannis M.D.

FEMALE
Medical Examination Report Dated 12-14-64
Name of Physician Walter McMannis 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 Calvin Middle [illegible] Last Kemper

Date of Birth: Month Sept Day 4 Year 1923

Place of Birth (State or foreign country): East St Louis Ill.

Residence Address: Street or R. R. 12 S Capitol Pl City Indpls County Marion State Ind.

Previous Marital Status: Never Married ☐ Number of Previous Marriages once

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

Color or Race: White ☒ Negro ☐ Other ☐ (specify)

Usual Occupation: meat Packer

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) Temporary Driving Permit

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☒ Yes ☐
   Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
   If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☒ Yes ☐
5. Are you related to the bride closer than second cousin? No ☒ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
8. Are you able to support a family? Yes ☒ No ☐
9. Are you likely to so continue? Yes ☒ No ☐
10. Do you have minor children from one or more former marriages? No ☐ Yes ☐
    (If yes, answer questions a, b, c)
    (a) List their full names, ages and addresses

Name	Age	Address
Ronald Joe	16	Indpls
Robert Lee	15	Indpls
Michael	11	Indpls

    (b) Are you supporting or contributing to their support? Yes ☒ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☒ No ☐
11. Full name of father P.H. Kemper
    Residence of father (if deceased so state) Deceased
    Occupation of father — Race of father W
    Birthplace of father (State or foreign country) Illinois
12. Full maiden name of mother Felicite Virginia Piot
    Residence of mother (if deceased so state) Illinois
    Occupation of mother none Race of mother W
    Birthplace of mother (State or foreign country) Illinois

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Calvin Kemper

New Address

Subscribed and sworn to before me this 16 day of Dec, 19 64

Claude Hughes Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed Father

Signed Mother

Subscribed and sworn to before me this day of , 19

Clerk

FEMALE APPLICANT

Name: First Isabell Middle High Last

Date of Birth: Month May Day 12 Year 1907

Place of Birth (State or foreign country) Scotland

Residence Address: Street or R. R. 829 Manor Ct City Plainfield County Hend. State Ind.

Maiden Name if Different Isabell Kilpatrick

Previous Marital Status: Never Married ☐ Number of Previous Marriages once

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

Color or Race: White ☒ Negro ☐ Other ☐ (specify)

Usual Occupation: machine operator

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) Drivers License

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☒ Yes ☐
   Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you afflicted with a transmissible disease? No ☒ Yes ☐
4. Are you related to the groom closer than second cousin? No ☒ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
7. Full name of father Hugh Kilpatrick
   Residence of father (if deceased so state) Deceased
   Occupation of father — Race of father W
   Birthplace of father (State or foreign country) Scotland
8. Full maiden name of mother Isabell McGuire
   Residence of mother (if deceased so state) Deceased
   Occupation of mother — Race of mother W
   Birthplace of mother (State or foreign country) Scotland

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Isabell High

New Address

Subscribed and sworn to before me this 16 day of Dec, 19 64

Claude Hughes Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed Father

Signed Mother

Subscribed and sworn to before me this day of , 19

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the

County Court by written order issued and filed

in authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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* Dec, 19 64, *authorizing the joining together as husband and wife* Calvin Kemper *and* Isabell High

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, hereby certify that on the day of

one thousand nine hundred and at

State of Indiana, Groom, of County, State of

and, Bride, of County, State of

were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of County.

Dated this day of , 19

Signed

Official Designation

Filed and recorded in accordance with the laws of the State of Indiana this day of , 19

Signed Clerk

Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 352

File

Dec 17, 1964
Date of Application

MALE
Medical Examination Report Dated 12-14-64
Name of Physician Elmer L. Koch, M.D.

FEMALE
Medical Examination Report Dated Dec 14, 1964
Name of Physician Elmer L. Koch, M.D.

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First John Middle J. Last Siebenthal

Date of Birth: Month Sept Day 14 Year 1917

Place of Birth (State or foreign country) Bloomington, Ind.

Residence Address: Street or R. R. RR #2 City Clayton County Hendricks State Ind.

Previous Marital Status: Never Married ☑ Number of Previous Marriages.....

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race: White ☑ Negro ☐ Other ☐ (specify).....

Usual Occupation Farmer

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree ☑ Other (Specify).....

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☑ Yes ☐
   If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☑ Yes ☐
5. Are you related to the bride closer than second cousin? No ☑ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
8. Are you able to support a family? Yes ☑ No ☐
9. Are you likely to so continue? Yes ☑ No ☐
10. Do you have minor children from one or more former marriages? No ☐ Yes ☐
    (If yes, answer questions a, b, c)
    (a) List their full names, ages and addresses

Name	Age	Address

    (b) Are you supporting or contributing to their support? Yes ☐ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father Ward A. Siebenthal
    Residence of father (if deceased so state) deceased
    Occupation of father..... Race of father white
    Birthplace of father (State or foreign country) Vevay, Indiana
12. Full maiden name of mother Pearl E. Reed
    Residence of mother (if deceased so state) deceased
    Occupation of mother..... Race of mother white
    Birthplace of mother (State or foreign country) Vevay, Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed John J. Siebenthal

New Address.....

Subscribed and sworn to before me this 17 day of December, 1964

Claude Hughes Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

FEMALE APPLICANT

Name: First Gladys Middle Marie Last McCloud

Date of Birth: Month Feb Day 1 Year 1921

Place of Birth (State or foreign country) Owen County, Indiana

Residence Address: Street or R.R. RR #1 City Monrovia County Morgan State Indiana

Maiden Name if Different Gladys Marie Beaman

Previous Marital Status: Never Married ☐ Number of Previous Marriages 1

Last Marriage Ended By: Death ☑ Divorce ☐ Annulment ☐

Color or Race: White ☑ Negro ☐ Other ☐ (specify).....

Usual Occupation Clerk - Typist

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree ☑ Other (Specify).....

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
7. Full name of father Frank Beaman
   Residence of father (if deceased so state) Quincy, Indiana
   Occupation of father Retired Race of father White
   Birthplace of father (State or foreign country) Owen Co. Indiana
8. Full maiden name of mother Fern Ruth McCullough
   Residence of mother (if deceased so state) Quincy, Indiana
   Occupation of mother Housewife Race of mother White
   Birthplace of mother (State or foreign country) Owen Co. Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Gladys Marie McCloud

New Address.....

Subscribed and sworn to before me this 17 day of December, 1964

Claude Hughes Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the.....County.....Court by written order issued.....and filed in.....authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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, 19 64, *authorizing the joining together as husband and wife* John J. Siebenthal *and* Gladys Marie McCloud

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Milton H. Hadley, *hereby certify that on the* 21 *day of* December, *one thousand nine hundred and* 64 *at* West Newton, *County of* Marion, *State of Indiana,* Groom John J. Siebenthal *of* Hendricks *County, State of Indiana, and,* Bride Gladys Marie McCloud *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 21 *day of* December, 19 64.

Signed Milton H. Hadley

Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 23 *day of* December, 19 64.

Signed Claude Hughes *Clerk* Hendricks *Circuit Court*

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 353

File Dec 17 1964
Date of Application

MALE
Medical Examination Report Dated Dec 7 1964
Name of Physician John Ellett, Jr. M.D.

FEMALE
Medical Examination Report Dated Dec 8 1964
Name of Physician John Ellett, Jr. M.D.

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Jess Middle J. Last Patrick

Date of Birth: Month Sept Day 1 Year 1909

Place of Birth (State or foreign country) Bloomfield Missouri

Residence Address: Street or R. R. RR #1 City Clayton County Hendricks State Indiana

Previous Marital Status: Never Married ☐ Number of Previous Marriages 1

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

Color or Race: White ☑ Negro ☐ Other ☐ (specify)

Usual Occupation Pas. Railroad

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree ☑ Other (Specify)

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☑ Yes ☐
   If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☑ Yes ☐
5. Are you related to the bride closer than second cousin? No ☑ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
8. Are you able to support a family? Yes ☑ No ☐
9. Are you likely to so continue? Yes ☑ No ☐
10. Do you have minor children from one or more former marriages? No ☐ Yes ☐
    (If yes, answer questions a, b, c)
    (a) List their full names, ages and addresses

Name	Age	Address

    (b) Are you supporting or contributing to their support? Yes ☐ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father Louie M. Patrick
    Residence of father (if deceased so state) deceased
    Occupation of father ____ Race of father white
    Birthplace of father (State or foreign country) Missouri
12. Full maiden name of mother Minnie Fawalt
    Residence of mother (if deceased so state) deceased
    Occupation of mother ____ Race of mother White
    Birthplace of mother (State or foreign country) Rockford, Illinois

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Jess J Patrick

New Address ____

Subscribed and sworn to before me this 17 day of December, 1964
Claude Hughes Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary ____

State of Indiana, County of HENDRICKS } ss:

Signed ____ Father

Signed ____ Mother

Subscribed and sworn to before me this ____ day of ____, 19____.

____ Clerk

FEMALE APPLICANT

Name: First Bessie Middle Davis Last

Date of Birth: Month Dec Day 13 Year 1923

Place of Birth (State or foreign country) Jamestown Ky.

Residence Address: Street or R. R. RR #1 City Clayton County Hendricks State Ind.

Maiden Name if Different Bessie Snow

Previous Marital Status: Never Married ☐ Number of Previous Marriages 1

Last Marriage Ended By: Death ☑ Divorce ☐ Annulment ☐

Color or Race: White ☑ Negro ☐ Other ☐ (specify)

Usual Occupation housewife

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree ☑ Other (Specify)

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
7. Full name of father Alvin Snow
   Residence of father (if deceased so state) deceased
   Occupation of father ____ Race of father White
   Birthplace of father (State or foreign country) Lula Ky.
8. Full maiden name of mother Josie Blankenship
   Residence of mother (if deceased so state) RR Clayton Ind.
   Occupation of mother ____ Race of mother White
   Birthplace of mother (State or foreign country) Jamestown Ky.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Bessie Davis

New Address ____

Subscribed and sworn to before me this 17 day of December, 1964
Claude Hughes Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary ____

State of Indiana, County of HENDRICKS } ss:

Signed ____ Father

Signed ____ Mother

Subscribed and sworn to before me this ____ day of ____, 19____.

____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the ____ County ____ Court by written order issued ____ and filed in ____ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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 December, 1964, authorizing the joining together as husband and wife Jess J Patrick and Bessie Davis

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, R. B. Pickard hereby certify that on the 23 day of December, one thousand nine hundred and 64 at Danville, County of Hendricks, State of Indiana, Groom Jess J Patrick of Hendricks County, State of Indiana, and, Bride Bessie 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 24 day of December, 1964.

Signed R. B. Pickard

Official Designation J. P.

Filed and recorded in accordance with the laws of the State of Indiana this 24 day of December, 1964.

Signed Claude Hughes Clerk

Hendricks Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 354

File

Dec 18, 1964
Date of Application

MALE
Medical Examination Report Dated Dec 15, 1964
Name of Physician W. C. Stafford, M.D.

FEMALE
Medical Examination Report Dated Dec 15, 1964
Name of Physician W. C. Stafford, 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 Malcolm; Middle Neil; Last Deputy

Date of Birth: Month Jan; Day 10; Year 1937

Place of Birth (State or foreign country): Seymour Indiana

Residence Address: Street or R. R. 201 West Main; City Plainfield; County Hend; State Ind.

Previous Marital Status: Never Married ☑ Number of Previous Marriages.....

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race: White ☑ Negro ☐ Other ☐ (specify).....

Usual Occupation: teacher

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree ☑ Other (Specify) Driver's License

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☑ Yes ☐
   If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☑ Yes ☐
5. Are you related to the bride closer than second cousin? No ☑ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
8. Are you able to support a family? Yes ☑ No ☐
9. Are you likely to so continue? Yes ☑ No ☐
10. Do you have minor children from one or more former marriages? No ☐ Yes ☐
    (If yes, answer questions a, b, c)
    (a) List their full names, ages and addresses

    Name ..... Age ..... Address .....

    (b) Are you supporting or contributing to their support? Yes ☐ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father: Kenneth Malcolm Deputy
    Residence of father (if deceased so state): Deputy, Indiana
    Occupation of father: farmer Race of father: White
    Birthplace of father (State or foreign country): Marion Twps. Jackson Co. Indiana
12. Full maiden name of mother: Lois Marie Foster
    Residence of mother (if deceased so state): Deputy, Indiana
    Occupation of mother: housewife Race of mother: white
    Birthplace of mother (State or foreign country): Deputy, Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Malcolm Neil Deputy

New Address.....

Subscribed and sworn to before me this 18 day of December 19 64

Claude Hughes Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

FEMALE APPLICANT

Name: First Wilma; Middle Ann; Last Fox

Date of Birth: Month May; Day 8; Year 1942

Place of Birth (State or foreign country): Kirby, Ark.

Residence Address: Street or R. R. 4028 Continental Cat; City Indpls.; County Marion; State Ind.

Maiden Name if Different

Previous Marital Status: Never Married ☑ Number of Previous Marriages.....

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race: White ☑ Negro ☐ Other ☐ (specify).....

Usual Occupation: Teacher

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree ☑ Other (Specify) Driver's License

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
7. Full name of father: Oren Wilder Fox
   Residence of father (if deceased so state): Markle, Indiana
   Occupation of father: mechanic Race of father: White
   Birthplace of father (State or foreign country): New Hope, Ark.
8. Full maiden name of mother: Evelyn Foslee
   Residence of mother (if deceased so state): Markle, Indiana
   Occupation of mother: housewife Race of mother: white
   Birthplace of mother (State or foreign country): Kirby, Ark.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Wilma Ann Fox

New Address.....

Subscribed and sworn to before me this 18 day of December, 19 64

Claude Hughes Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the .....County.....Court by written order issued.....and filed in.....authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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* December, 19 64, *authorizing the joining together as husband and wife* Malcolm Neil Deputy *and* Wilma Ann Fox

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Ivan C. Odor *hereby certify that on the* 23 *day of* December, *one thousand nine hundred and* 64 *at* Markleton, *County of* Huntington, *State of Indiana, Groom* Malcolm Neil Deputy *of* Hendricks *County, State of* Indiana, *and, Bride* Wilma Ann Fox *of* Huntington *County, State of* Indiana, *were by me united 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* December, 19 64.

Signed Ivan C. Odor

Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 28 *day of* December, 19 64

Signed Claude Hughes Clerk

Hendricks Circuit Court

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Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 355

File

Dec 19-1964
Date of Application

MALE
Medical Examination Report Dated Dec 4-1964
Name of Physician Lowell R Stephens M.D

FEMALE
Medical Examination Report Dated 12-9-64
Name of Physician Lloyd A. Terry 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 Dale Middle F. Last Powell

Date of Birth: Month aug Day 25 Year 1938

Place of Birth (State or foreign country) Covington Ind.

Residence Address: Street or R. R. R1 City Covington County Fountain State Ind.

Previous Marital Status: Never Married ☑ Number of Previous Marriages once

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐

Color or Race: White ☒ Negro ☐ Other ☐ (specify)

Usual Occupation Farming

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) Drivers Licence

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☒ Yes ☐
   Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
   If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☒ Yes ☐
5. Are you related to the bride closer than second cousin? No ☒ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
8. Are you able to support a family? Yes ☒ No ☐
9. Are you likely to so continue? Yes ☒ No ☐
10. Do you have minor children from one or more former marriages? No ☐ Yes ☒
    (If yes, answer questions a, b, c)
    (a) List their full names, ages and addresses

Name	Age	Address
Mark	5	covington
Mike	4	covington
Scott	2	covington

    (b) Are you supporting or contributing to their support? Yes ☒ No ☐
    (c) Are you complying with any court order or orders issued for their support? have custody of all 3 Yes ☒ No ☐
11. Full name of father Chester Powell
    Residence of father (if deceased so state) Covington
    Occupation of father Farming Race of father W
    Birthplace of father (State or foreign country) Indiana
12. Full maiden name of mother Reatha Virginia Stubb
    Residence of mother (if deceased so state) Covington
    Occupation of mother Housewife Race of mother W
    Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Dale F Powell

New Address

Subscribed and sworn to before me this 19 day of Dec. 64

Claude S Hughes Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed Father

Signed Mother

Subscribed and sworn to before me this day of , 19

Clerk

FEMALE APPLICANT

Name: First Rebecca Middle Lou Last Carr

Date of Birth: Month Oct Day 28 Year 1944

Place of Birth (State or foreign country) Indianapolis Ind.

Residence Address: Street or R. R. 473 Western Dr. City Danville County Hend. State Ind.

Maiden Name If Different

Previous Marital Status: Never Married ☒ Number of Previous Marriages

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race: White ☒ Negro ☐ Other ☐ (specify)

Usual Occupation Secretary

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) Drivers License

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☒ Yes ☐
   Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you afflicted with a transmissible disease? No ☒ Yes ☐
4. Are you related to the groom closer than second cousin? No ☐ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☐ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
7. Full name of father Lowell R. Carr
   Residence of father (if deceased so state) Danville
   Occupation of father Telephone Co. Race of father W.
   Birthplace of father (State or foreign country) Indiana
8. Full maiden name of mother Mary Jane Morris
   Residence of mother (if deceased so state) Danville
   Occupation of mother Deputy Treas. Race of mother W
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Rebecca Lou Carr

New Address

Subscribed and sworn to before me this 19 day of Dec 64

Claude S Hughes Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed Father

Signed Mother

Subscribed and sworn to before me this day of , 19

Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the

County Court by written order issued and filed

in authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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* December , 19 64 , *authorizing the joining together as husband and wife* Dale F. Powell *and* Rebecca Lou Carr .

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Roger L James *hereby certify that on the* 31st *day of* December ,

one thousand nine hundred and sixty-four *at* Danville , *County of* Hendricks ,

State of Indiana, Groom Dale F. Powell *of* Fountain *County, State of* Indiana ,

and, Bride Rebecca Lou 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 31st *day of* December , 19 64 .

Signed Roger L. James

Official Designation Christian Minister

Filed and recorded in accordance with the laws of the State of Indiana this 4th *day of* January , 19 65 .

Signed John Gambold, Jr *Clerk*
Hendricks *Circuit Court*

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 356

File

Dec 21, 1964
Date of Application

MALE
Medical Examination Report Dated Dec 21, 1964
Name of Physician W. C. Stafford, M.D.

FEMALE
Medical Examination Report Dated Dec 21, 1964
Name of Physician W. C. Stafford, 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 William Middle Edwin Last Lever

Date of Birth: Month Dec Day 21 Year 1935

Place of Birth (State or foreign country) Skewen Wales

Residence Address: Street or R. R. 652 El Rancho St. City Tallahassee County Leon State Florida

Previous Marital Status: Never Married ☑ Number of Previous Marriages.....

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race: White ☑ Negro ☐ Other ☐ (specify).....

Usual Occupation Student

Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree

☑ Other (Specify).....

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☑ Yes ☐
   If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☑ Yes ☐
5. Are you related to the bride closer than second cousin? No ☑ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
8. Are you able to support a family? Yes ☑ No ☐
9. Are you likely to so continue? Yes ☑ No ☐
10. Do you have minor children from one or more former marriages? No ☐ Yes ☐
    (If yes, answer questions a, b, c)
    (a) List their full names, ages and addresses

    Name Age Address

    (b) Are you supporting or contributing to their support? Yes ☐ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father Archibald Stanley Lewis Lever
    Residence of father (if deceased so state) 138 Parkdale Dr., Follansbee, W. Va.
    Occupation of father mechanist Race of father white
    Birthplace of father (State or foreign country) Swansea, Wales
12. Full maiden name of mother Doris Nichols
    Residence of mother (if deceased so state) Follansbee, West Virginia
    Occupation of mother housewife Race of mother white
    Birthplace of mother (State or foreign country) Skewen, Wales

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed William Edwin Lever

New Address.....

Subscribed and sworn to before me this 21 day of December, 19 64

Claude Hughes Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

FEMALE APPLICANT

Name: First Claudia Middle Ann Last Scholl

Date of Birth: Month Sept. Day 14 Year 1941

Place of Birth (State or foreign country) Indianapolis, Indiana

Residence Address: Street or R. R. 1023 Buchanan City Plainfield County Hendricks State Ind.

Maiden Name if Different

Previous Marital Status: Never Married ☑ Number of Previous Marriages.....

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race: White ☑ Negro ☐ Other ☐ (specify).....

Usual Occupation Student

Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree

☐ Other (Specify).....

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
7. Full name of father Robert A. Scholl
   Residence of father (if deceased so state) Plainfield, Ind.
   Occupation of father Elec. Engineer Race of father white
   Birthplace of father (State or foreign country) Fayette Co. Indiana
8. Full maiden name of mother Maxine Williams
   Residence of mother (if deceased so state) Plainfield, Indiana
   Occupation of mother housewife Race of mother white
   Birthplace of mother (State or foreign country) Fayette Co. Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Claudia Ann Scholl

New Address.....

Subscribed and sworn to before me this 21 day of December, 19 64

Claude Hughes Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the .....County.....Court by written order issued.....and filed in.....authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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* December, 19 64, *authorizing the joining together as husband and wife* William Edwin Lever *and* Claudia Ann Scholl

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Dr Edwin Bracher *hereby certify that on the* 27th *day of* December, *one thousand nine hundred and* Sixty-four *at* St Andrew Lutheran Church-Speedway, Ind., *County of* Marion, *State of Indiana, Groom* William Edwin Lever *of* Leon *County, State of* Florida, *and, Bride* Claudia Ann Scholl *of* Hendricks *County, State of* Indiana, *were by me united 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, 19 64.

Signed Edwin Bracher

Official Designation Lutheran minister

Filed and recorded in accordance with the laws of the State of Indiana this 31 st *day of* December, 19 64.

Signed Claude Hughes *Clerk*

Hendricks *Circuit Court*

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 357

File

Dec. 24-1964
Date of Application

MALE
Medical Examination Report Dated Dec 23-1964
Name of Physician Harold C Ochsner M.D

FEMALE
Medical Examination Report Dated Dec 23-1964
Name of Physician Harold C Ochsner 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 Richard Last Kennedy

Date of Birth: Month June Day 26 Year 1942

Place of Birth (State or foreign country): Bolivar City Ohio County Ohio State

Residence Address: Street or R. R. R 1 Beach City

Previous Marital Status: Never Married ☒ Number of Previous Marriages.....

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race: White ☒ Negro ☐ Other ☐ (specify).....

Usual Occupation: U.S. Service

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) Selective Service Card

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☒ Yes ☐
   Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
   If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☒ Yes ☐
5. Are you related to the bride closer than second cousin? No ☒ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
8. Are you able to support a family? Yes ☒ No ☐
9. Are you likely to so continue? Yes ☒ No ☐
10. Do you have minor children from one or more former marriages? No ☐ Yes ☐
    (If yes, answer questions a, b, c)
    (a) List their full names, ages and addresses
    Name Age Address
    (b) Are you supporting or contributing to their support? Yes ☐ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father Robert Eugene Kennedy
    Residence of father (if deceased so state) Ohio, Beach City
    Occupation of father Farmer Race of father W
    Birthplace of father (State or foreign country) Ohio
12. Full maiden name of mother Nettie Marberger
    Residence of mother (if deceased so state) Beach City, Ohio
    Occupation of mother Housewife Race of mother W
    Birthplace of mother (State or foreign country) Ohio

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed James Richard Kennedy

New Address.....

Subscribed and sworn to before me this 24 day of December, 1964

Claude Hughes Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

FEMALE APPLICANT

Name: First Susan Middle Jane Last Hastings

Date of Birth: Month April Day 12 Year 1946

Place of Birth (State or foreign country): Indianapolis Ind.

Residence Address: Street or R. R. R2 Box 165 City Pittsboro County Hend. State Ind.

Maiden Name if Different

Previous Marital Status: Never Married ☒ Number of Previous Marriages.....

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race: White ☒ Negro ☐ Other ☐ (specify).....

Usual Occupation: Typist

Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree
☐ Other (Specify).....

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☒ Yes ☐
   Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you afflicted with a transmissible disease? No ☒ Yes ☐
4. Are you related to the groom closer than second cousin? No ☒ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
7. Full name of father Archie Ivan Hastings
   Residence of father (if deceased so state) Pittsboro
   Occupation of father Bus Driver Race of father W
   Birthplace of father (State or foreign country) Indiana
8. Full maiden name of mother Katharine Plowman
   Residence of mother (if deceased so state) Pittsboro
   Occupation of mother Housewife Race of mother W
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Susan Jane Hastings

New Address.....

Subscribed and sworn to before me this 24 day of December, 1964

Claude Hughes Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the.....County.....Court by written order issued.....and filed in.....authorizes and directs the issuance of a marriage license to the above named parties. 3 days Waived

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* Circuit Court *of Indiana dated the* 24 *day of* December, 1964, *authorizing the joining together as husband and wife*

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, W. C. Burnett, *hereby certify that on the* 24 *day of* December, *one thousand nine hundred and* 64, *at* Carmel, *County of* Hamilton, *State of Indiana, Groom* James Richard Kennedy, *of* Starke *County, State of* Ohio, *and, Bride* Susan Jane Hastings, *of* Hendricks *County, State of* Indiana, *were by me united 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, 1964.

Signed W. C. Burnett

Official Designation J. P.

Filed and recorded in accordance with the laws of the State of Indiana this 28 *day of* December, 1964

Signed Claude Hughes *Clerk*

Hendricks *Circuit Court*

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 358
File Book 28
Dec 24-1964.
Date of Application

MALE
Medical Examination Report Dated Dec 21-1964
Name of Physician Ches. Wasilewski Jr Capt MC. Fort Harrison Ind.

FEMALE
Medical Examination Report Dated December 14-1964
Name of Physician Walter mc Mannis 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 Wilfred Middle Martin Last Cote
Date of Birth: Month December Day 22 Year 1939
Place of Birth (State or foreign country): Boston Mass.
Residence Address: Street or R. R. 47 Franklin Hill Ave. City Dorchester County Suffolk State Mass.
Previous Marital Status: Never Married ☒ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☒ Negro ☐ Other ☐ (specify).....
Usual Occupation: Armed Services
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) Service Card

1. Are you now or have you been adjudged, diagnosed or considered as: An Imbecile? No ☒ Yes ☐ Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐ If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☒ Yes ☐
5. Are you related to the bride closer than second cousin? No ☒ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
8. Are you able to support a family? Yes ☒ No ☐
9. Are you likely to so continue? Yes ☒ No ☐
10. Do you have minor children from one or more former marriages? No ☐ Yes ☐
(If yes, answer questions a, b, c)
(a) List their full names, ages and addresses

Name Age Address

(b) Are you supporting or contributing to their support? Yes ☐ No ☐
(c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐

11. Full name of father Edward J Coté
Residence of father (if deceased so state) Cambridge Mass
Occupation of father Sheet Metal Work Race of father W
Birthplace of father (State or foreign country) Hyde Park Mass
12. Full maiden name of mother Priscilla R Lodes
Residence of mother (if deceased so state) Dorchester Mass
Occupation of mother Housewife Race of mother W
Birthplace of mother (State or foreign country) Melrose Mass.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.
Signed Wilfred Martin Cote
New Address.....
Subscribed and sworn to before me this 24 day of December, 1964
Claude Hughes Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:
Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day of....., 19.....
.....Clerk

FEMALE APPLICANT

Name: First Asenitha Middle Marie Last Johnson
Date of Birth: Month August Day 21 Year 1945
Place of Birth (State or foreign country) Terre Haute Indiana
Residence Address: Street or R. R. R#1 Box 94 City Plainfield County Hendr. State Indiana
Maiden Name if Different
Previous Marital Status: Never Married ☒ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☒ Negro ☐ Other ☐ (specify).....
Usual Occupation: office worker
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) Drivers License

1. Are you now or have you been adjudged, diagnosed or considered as: An Imbecile? No ☒ Yes ☐ Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you afflicted with a transmissible disease? No ☒ Yes ☐
4. Are you related to the groom closer than second cousin? No ☒ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
7. Full name of father William W. Johnson
Residence of father (if deceased so state) Plainfield Ind
Occupation of father Truck Driver Race of father W.
Birthplace of father (State or foreign country) Paris Ill.
8. Full maiden name of mother Clara Belle Shields
Residence of mother (if deceased so state) Plainfield Ind.
Occupation of mother factory work Race of mother W.
Birthplace of mother (State or foreign country) Terre Haute Ind.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.
Signed Asenitha Marie Johnson
New Address.....
Subscribed and sworn to before me this 24 day of December, 1964
Claude Hughes HENDRICKS Clerk Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:
Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day 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 December 24-1964 and filed in Circuit Court authorizes and directs the issuance of a marriage license to the above named parties. Zda Weiner

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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 December, 1964, authorizing the joining together as husband and wife Wilfred Martin Cote' and Asenitha Marie Johnson
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Rev. Herman H. Lutz hereby certify that on the 26 day of December, one thousand nine hundred and 64 at Plainfield, County of Hendricks State of Indiana, Groom Wilfred M. Cote of Suffolk County, State of Indiana, and, Bride Asenitha Johnson of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of Hendricks County.
Dated this 26 day of December, 1964.
Signed Rev. Herman Lutz
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 30 day of December, 1964
Signed Claude Hughes Clerk
Hendricks Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 359
File Book 28
Date of Application

MALE
Medical Examination Report Dated December 21-1964.
Name of Physician Dr Elmer L. Koch. M.D.

FEMALE
Medical Examination Report Dated December 21-1964.
Name of Physician Dr Elmer L. Koch. M.D.

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Dale Middle Leroy Last English

Date of Birth: Month May Day 16 Year 1944

Place of Birth (State or foreign country): Indianapolis Indiana

Residence Address: Street or R. R. RR 1 Morgan County City Mooresville County Ind. State Ind.

Previous Marital Status: Never Married ☑ Number of Previous Marriages.....

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race: White ☑ Negro ☐ Other ☐ (specify).....

Usual Occupation: Laborer

Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) Selective Service Reg. Card.

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☑ Yes ☐
   If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☑ Yes ☐
5. Are you related to the bride closer than second cousin? No ☑ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
8. Are you able to support a family? Yes ☑ No ☐
9. Are you likely to so continue? Yes ☑ No ☐
10. Do you have minor children from one or more former marriages? No ☐ Yes ☐
    (If yes, answer questions a, b, c)
    (a) List their full names, ages and addresses
    Name Age Address
    .....
    .....
    (b) Are you supporting or contributing to their support? Yes ☐ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father Raymond Eckfield
    Residence of father (if deceased so state) RI Mooresville Ind
    Occupation of father Laborer Race of father W.
    Birthplace of father (State or foreign country) Hendricks Co. Ind.
12. Full maiden name of mother Dorothy McKinzie
    Residence of mother (if deceased so state) RI mooresville
    Occupation of mother Housewife Race of mother W.
    Birthplace of mother (State or foreign country) Ladoga Montgomery Co

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Dale Leroy English

New Address.....

Subscribed and sworn to before me this 28 day of December, 1964.

Claude Hughes Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

See notarized statement of Father's Consent

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

✓ Signed Dorothy V English Mother

Subscribed and sworn to before me this 28 day of December, 1964

Claude Hughes Clerk

FEMALE APPLICANT

Name: First Maggie Middle May Last Collins

Date of Birth: Month May Day 27 Year 1948

Place of Birth (State or foreign country): Indianapolis Indiana

Residence Address: Street or R. R. 725 So Kentucky City Danville County Hendricks State Ind.

Maiden Name if Different

Previous Marital Status: Never Married ☑ Number of Previous Marriages.....

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race: White ☑ Negro ☐ Other ☐ (specify).....

Usual Occupation unemployed

Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) Birth Certificate

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
7. Full name of father Thomas C. Collins
   Residence of father (if deceased so state) Danville Ind.
   Occupation of father Laborer Race of father W.
   Birthplace of father (State or foreign country) Kentucky
8. Full maiden name of mother Mary Lacy
   Residence of mother (if deceased so state) Danville Indiana
   Occupation of mother Housewife Race of mother W.
   Birthplace of mother (State or foreign country) Kentucky

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Maggie May Collins

New Address.....

Subscribed and sworn to before me this 28 day of December, 1964

Claude Hughes Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

see notarized statement of Fathers Consent

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

✓ Signed Mary Collins Mother

Subscribed and sworn to before me this 28 day of December, 1964

Claude Hughes Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the .....County.....Court by written order issued.....and filed in.....authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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 January, 1965, authorizing the joining together as husband and wife Dale Leroy English and Maggie May Collins

Be it further remembered the following marriage certificate was filed in my office, to-wit:

I, Lloyd B. King hereby certify that on the 1st day of January, one thousand nine hundred and 65, at Danville, County of Hendricks, State of Indiana, Groom Dale Leroy English of Morgan County, State of Indiana, and, Bride Maggie May Collins of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of Hendricks County.

Dated this 1st day of January, 1965.

Signed Lloyd B King

Official Designation Minister Friends Mtg.

Filed and recorded in accordance with the laws of the State of Indiana this 20 day of January, 1965.

Signed John T Hanbold, Jr Clerk
Hendricks Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 359
File Book 28
Date of Application

I, Raymond English, do hereby give consent for marriage of my Son to Maggie Mae Collins.

Raymond English

State of Indiana, County of Hendricks:
Before me, the undersigned, Notary Public, this 28th day of December, 1964, Raymond English acknowledged the above statement.

My Commission Expires Oct. 27, 1967

Notary Public

NOTARY PUBLIC SEAL INDIANA

(a) List their full names, ages and addresses

Name | Age | Address

Residence of father (if deceased so state) Danville Ind.
Occupation of father Laborer Race of father W.
Birthplace of father (State or foreign country) Kentucky

I, Thomas Collins, do hereby give consent for marriage of my Daughter to Dale Leroy English.

Thomas Collins

State of Indiana, County of Hendricks:
Before me, the undersigned, Notary Public, this 28th day of December, 1964, Thomas Collins acknowledged the above statement.

My Commission Expires Oct. 27, 1967

Notary Public

NOTARY PUBLIC SEAL INDIANA

Yes ☐ Yes ☐ Yes ☐ Yes ☐ Yes ☐ Yes ☐ Yes ☐

...authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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 January, 19 65, authorizing the joining together as husband and wife Dale Leroy English and Maggie Mae Collins

Be it further remembered the following marriage certificate was filed in my office, to-wit:

I, Lloyd B. King hereby certify that on the 1st day of January, one thousand nine hundred and 65, at Danville, County of Hendricks, State of Indiana, Groom Dale Leroy English of Morgan County, State of Indiana, and, Bride Maggie May Collins of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of Hendricks County.

Dated this 1st day of January, 19 65.

Signed Lloyd B King
Official Designation Minister Friends Mtg.

Filed and recorded in accordance with the laws of the State of Indiana this 20 day of January, 19 65.

Signed John Hambold, Jr Clerk
Hendricks Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 360

File

Dec 29, 1964
Date of Application

MALE
Medical Examination Report Dated Dec 28, 1964
Name of Physician H. Shersten

FEMALE
Medical Examination Report Dated Dec 28, 1964
Name of Physician H. Shersten

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Donald Middle Lee Last Miller

Date of Birth: Month Dec Day 18 Year 1944

Place of Birth (State or foreign country) Tennessee

Residence Address: Street or R. R. 229 Kansas City Indpls. County Marion State Ind

Previous Marital Status: Never Married ☑ Number of Previous Marriages.....

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race: White ☑ Negro ☐ Other ☐ (specify).....

Usual Occupation

Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree

☐ Other (Specify).....

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☑ Yes ☐
   If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☑ Yes ☐
5. Are you related to the bride closer than second cousin? No ☑ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
8. Are you able to support a family? Yes ☑ No ☐
9. Are you likely to so continue? Yes ☑ No ☐
10. Do you have minor children from one or more former marriages? No ☐ Yes ☐
    (If yes, answer questions a, b, c)
    (a) List their full names, ages and addresses

    Name Age Address

    (b) Are you supporting or contributing to their support? Yes ☐ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father John Louis Miller
    Residence of father (if deceased so state) 229 Kansas, Indpls.
    Occupation of father Enrich Furn. Race of father W
    Birthplace of father (State or foreign country) Tennessee
12. Full maiden name of mother Cora Johnson Miller
    Residence of mother (if deceased so state) 229 Kansas, Indpls.
    Occupation of mother Waitress Race of mother W
    Birthplace of mother (State or foreign country) Tennessee

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Donald L Miller

New Address.....

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed John L Miller Father

Signed..... Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

FEMALE APPLICANT

Name: First Linda Middle Lou Last Hurin

Date of Birth: Month May Day 17 Year 48

Place of Birth (State or foreign country) Greenastle Putnam Ind

Residence Address: Street or R. R. 238 Elm City Plfd. County Hend. State Ind.

Maiden Name if Different

Previous Marital Status: Never Married ☑ Number of Previous Marriages.....

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race: White ☑ Negro ☐ Other ☐ (specify).....

Usual Occupation none

Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree

☐ Other (Specify).....

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
7. Full name of father Harvey Clay Hurin
   Residence of father (if deceased so state) 1027 N Franklin Rd., Indpls.
   Occupation of father Fink-Belt Race of father W
   Birthplace of father (State or foreign country) Plfd. Ind.
8. Full maiden name of mother Mary Alice Caldwell
   Residence of mother (if deceased so state) 238 Elm, Plfd.
   Occupation of mother Richardson Rubber Race of mother W
   Birthplace of mother (State or foreign country) Martinsville, Ind

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Linda Lou Hurin

New Address.....

Subscribed and sworn to before me this 29 day of Dec, 19 64

Claude Hughes Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed (legal guardian) Father

Signed Marya Mantuath Mother

Subscribed and sworn to before me this 29 day of Dec, 19 64

Claude Hughes 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 12-30-64 and filed in Clerks Office authorizes and directs the issuance of a marriage license to the above named parties. 3 days Waived

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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 December, 19 64, authorizing the joining together as husband and wife Donald Lee Miller and Linda Lou Hurin

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Walter Bradford hereby certify that on the 5 day of January, one thousand nine hundred and 65 at Indianapolis, County of Marion, State of Indiana, Groom Donald Lee Miller of Marion County, State of Indiana, and, Bride Linda Lou Hurin of Hendricks County, State of Indiana, were by me united 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 Jan, 19 65.

Signed Walter Bradford

Official Designation Justice of Peace

Filed and recorded in accordance with the laws of the State of Indiana this 7 day of January, 19 65.

Signed John T Hanbold, Jr Clerk

Hendricks Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 360

File

Dec 29, 1964
Date of Application

MALE
Medical Examination Report Dated Dec 28, 1964
Name of Physician H. Sherster

FEMALE
Medical Examination Report Dated Dec 28, 1964
Name of Physician H. Sherster

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Donald Middle Lee Last Miller
Date of Birth: Month Dec Day 18 Year 1944
Place of Birth (State or foreign country)
Re

FEMALE APPLICANT

Name: First Linda Middle Lou Last Hurin
Date of Birth: Month May Day 17 Year 48
Place of Birth (State or foreign country) Ind
State Ind.

December 30 1964

FILED

DEC 30 1964

Claude Hughes
CLERK HENDRICKS CIRCUIT COURT SUPERIOR

I, Cora Johnson Miller give permission for my son Donald Lee Miller to marry Linda Herrin

Signed Cora J. Miller

229 W. Kansas
Indianapolis, Indiana

Witness
Harold H. Miller
Helen L. Miller

Signed as sworn statement in my presence this 30th. day of December 1964

Signed Harold H. Miller
Harold H. Miller
Notary Public

Comm exp 7-1-67

Be 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 December, 19 64, authorizing the joining together as husband and wife Donald Lee Miller and Linda Lou Hurin

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Walter Bradford hereby certify that on the 5 day of January, one thousand nine hundred and 65 at Indianapolis, County of Marion, State of Indiana, Groom Donald Lee Miller of Marion County, State of Indiana, and, Bride Linda Lou Hurin of Hendricks County, State of Indiana, were by me united 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 Jan, 19 65.

Signed Walter Bradford
Official Designation Justice of Peace

Filed and recorded in accordance with the laws of the State of Indiana this 7 day of January, 19 65.

Signed John A. Hamblen, Jr Clerk
Hendricks Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 361

File

Jan 4 1965
Date of Application

MALE
Medical Examination Report Dated Dec 24, 1965
Name of Physician James E. Southard, M.D.

FEMALE
Medical Examination Report Dated Dec. 24, 1964
Name of Physician James E. Southard, 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 Leslie Middle Carroll Last Roberts

Date of Birth: Month June Day 8 Year 1940

Place of Birth (State or foreign country) Camelsburg Ky.

Residence Address: Street or R. R. RR #1 Box 245A City Danville County Hend. State Ind.

Previous Marital Status: Never Married ☑ Number of Previous Marriages.....

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race: White ☑ Negro ☐ Other ☐ (specify).....

Usual Occupation Army

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☑ Other (Specify) Army I.D. card.

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☑ Yes ☐
   If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☑ Yes ☐
5. Are you related to the bride closer than second cousin? No ☑ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
8. Are you able to support a family? Yes ☑ No ☐
9. Are you likely to so continue? Yes ☑ No ☐
10. Do you have minor children from one or more former marriages? No ☐ Yes ☐
    (If yes, answer questions a, b, c)
    (a) List their full names, ages and addresses
    Name Age Address
    .....
    .....
    (b) Are you supporting or contributing to their support? Yes ☐ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father Leslie Clay Roberts
    Residence of father (if deceased so state) RR #1 Danville, Ind.
    Occupation of father Tool & dye Race of father White
    Birthplace of father (State or foreign country) Kentucky
12. Full maiden name of mother Valletta Proctor
    Residence of mother (if deceased so state) RR #1 Danville, Ind.
    Occupation of mother Cook Race of mother White
    Birthplace of mother (State or foreign country) Kentucky

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

X Signed Leslie Carroll Roberts

New Address.....

Subscribed and sworn to before me this 4 day of Jan, 19 64

John Hamblad Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

.....

.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

FEMALE APPLICANT

Name: First Anita Middle Ruth Last Kersey

Date of Birth: Month Feb. Day 15 Year 1946

Place of Birth (State or foreign country) Indianapolis, Ind

Residence Address: Street or R. R. 1224 Winton ave. City Speedway County Marion State Ind.

Maiden Name if Different

Previous Marital Status: Never Married ☑ Number of Previous Marriages.....

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race: White ☑ Negro ☐ Other ☐ (specify).....

Usual Occupation Steno - Allison's

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☑ Other (Specify) Driver's license

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
7. Full name of father James Virgil Kersey
   Residence of father (if deceased so state) Coatesville, Ind.
   Occupation of father Farmer Race of father White
   Birthplace of father (State or foreign country) Indiana
8. Full maiden name of mother Gladys Lucinda Mlsk
   Residence of mother (if deceased so state) Coatesville, Ind.
   Occupation of mother Housewife Race of mother White
   Birthplace of mother (State or foreign country) Washburn N. Da.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

X Signed Anita Ruth Kersey

New Address.....

Subscribed and sworn to before me this 4 day of Jan, 19 64

John Hamblad Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

.....

.....

.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the.....County.....Court by written order issued.....and filed in.....authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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, 1965, *authorizing the joining together as husband and wife* Leslie Carroll Roberts *and* Anita Ruth Kersey

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Wallace Jeffs *hereby certify that on the* 9th *day of* January, *one thousand nine hundred and* 65, *at* Amo, *County of* Hendricks, *State of Indiana, Groom* Leslie Carroll Roberts *of* Hendricks *County, State of* Indiana *and, Bride* Anita R. Kersey *of* Hendricks *County, State of* Indiana, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* Hendricks *County.*

Dated this 9th *day of* January, 19 65.

Signed Wallace Jeffs

Official Designation Baptist Pastor

Filed and recorded in accordance with the laws of the State of Indiana this 20 *day of* January, 19 65.

Signed John Hamblad Jr. Clerk

Hendricks Circuit Court

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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS COUNTY

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-11-4-4

Book 28
Page 173
Jan. 1965
Date of Application

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No ☐ Yes ☐
If No, Medical Examination or Report Dated _____
Name of Physician _____

MALE APPLICANT

Name: First JAMES Middle B. Last WHITE, JR.
Date of Birth: Month Day Year
AGE: 27
Place of Birth (State or foreign country): INDIANA
Residence Address: Street or R.R. R.R. 1 BOX 20C City BROWNSBURG County _____ State IN
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages _____
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date _____
Date of Birth Verified By: ☐ Birth Certificate ☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☐ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☐ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
5. List the full names of any dependent children. _____
6. (a) Full name of applicant's father _____
   (If adopted, list adoptive parents only) _____
   Residence of father (if deceased, so state) _____
   Birthplace of father (State or foreign country) _____
   (b) Full maiden name of applicant's mother _____
   (If adopted, list adoptive parents only) _____
   Residence of mother (if deceased, so state) _____
   Birthplace of mother (State or foreign country) _____

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant _____ Date _____

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
Signed /s/ JAMES B. WHITE JR.
New Address _____
Subscribed and sworn to before me this _____ day of _____
/s/ John Gambold Jr. Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
_____ Clerk

FEMALE APPLICANT

Name: First MATTIE KATHLEEN Middle _____ Last CLEMENTS
Date of Birth: Month Day Year
AGE: 28
Place of Birth (State or foreign country): KENTUCKY
Residence Address: Street or R.R. R.R. 1 BOX 20C City BROWNSBURG County _____ State IN
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date _____
Date of Birth Verified By: ☐ Birth Certificate ☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☐ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☐ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
5. List the full names of any dependent children. _____
6. (a) Full name of applicant's father _____
   (If adopted, list adoptive parents only) _____
   Residence of father (if deceased, so state) _____
   Birthplace of father (State or foreign country) _____
   (b) Full maiden name of applicant's mother _____
   (If adopted, list adoptive parents only) _____
   Residence of mother (if deceased, so state) _____
   Birthplace of mother (State or foreign country) _____

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant _____ Date _____

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
Signed /s/ MATTIE KATHLEEN CLEMENTS
New Address _____
Subscribed and sworn to before me this _____ day of _____
/s/ John Gambold Jr. Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated JAN. 1965, authorizing the marriage of JAMES B. WHITE JR. and MATTIE KATHLEEN CLEMENTS.
I further certify that the following marriage certificate was filed in my office: I, NORMAN H. SCHULTZ (name), certify that on 1-15-65 (date), at INDIANAPOLIS in MARION County, Indiana, JAMES B. WHITE JR. of HENDRICKS County, IN (state), and MATTIE KATHLEEN CLEMENTS of HENDRICKS County, IN (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated JAN. 1965. Signed by: /s/ NORMAN H. SCHULTZ, CLERGYMAN (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on 1-20-65 (date).

Signed /s/ JOHN GAMBOLD, JR. Clerk
Hendricks Circuit Court

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS COUNTY

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-11-4-4

Book 28
Page 174
JAN. 1965
Date of Application

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No ☐ Yes ☐
If No, Medical Examination or Report Dated _____
Name of Physician _____

MALE APPLICANT

Name: First DAVID Middle LOUIS Last TYLER

Date of Birth: Month Day Year
AGE: 23

Place of Birth (State or foreign country): INDIANA

Residence Address: Street or R.R. 3805 ADAMS ST City GARY County State IN

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages _____

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date _____

Date of Birth Verified By: ☐ Birth Certificate ☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☐ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☐ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
5. List the full names of any dependent children. _____
6. (a) Full name of applicant's father _____
   (If adopted, list adoptive parents only) _____
   Residence of father (if deceased, so state) _____
   Birthplace of father (State or foreign country) _____
   (b) Full maiden name of applicant's mother _____
   (If adopted, list adoptive parents only) _____
   Residence of mother (if deceased, so state) _____
   Birthplace of mother (State or foreign country) _____

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant _____ Date _____

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
Signed /s/ DAVID LOUIS TYLER
New Address _____
Subscribed and sworn to before me this _____ day of _____
/s/ JOHN GAMBOLD JR. Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
_____ Clerk

FEMALE APPLICANT

Name: First SUSAN Middle ELIZABETH Last RODNEY

Date of Birth: Month Day Year
AGE: 20

Place of Birth (State or foreign country): INDIANA

Residence Address: Street or R.R. 408 S TENNESSEE City DANVILLE County State IN

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages _____

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date _____

Date of Birth Verified By: ☐ Birth Certificate ☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☐ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☐ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
5. List the full names of any dependent children. _____
6. (a) Full name of applicant's father _____
   (If adopted, list adoptive parents only) _____
   Residence of father (if deceased, so state) _____
   Birthplace of father (State or foreign country) _____
   (b) Full maiden name of applicant's mother _____
   (If adopted, list adoptive parents only) _____
   Residence of mother (if deceased, so state) _____
   Birthplace of mother (State or foreign country) _____

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant _____ Date _____

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
Signed /s/ SUSAN ELIZABETH RODNEY
New Address _____
Subscribed and sworn to before me this _____ day of _____
/s/ JOHN GAMBOLD JR. Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated JAN. 1965, authorizing the marriage of DAVID LOUIS TYLER and SUSAN ELIZABETH RODNEY.
I further certify that the following marriage certificate was filed in my office: I, DAVID L. BARNETT (name), certify that on 1-24-65 (date), at DANVILLE in HENDRICKS County, Indiana, DAVID LOUIS TYLER of COOK County, IN (state), and SUSAN ELIZABETH RODNEY of HENDRICKS County, IN (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated JAN. 1965. Signed by: /s/ DAVID L. BARNETT, MINISTER OF THE GOSPEL (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on 1-26-65 (date).

Signed /s/ JOHN GAMBOLD, JR. Clerk
Hendricks Circuit Court

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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-11-4-4

Book 28
Page 175
JAN. 1965
Date of Application

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No ☐ Yes ☐
If No, Medical Examination or Report Dated _____
Name of Physician _____

MALE APPLICANT

Name: First MICHAEL Middle PATRICK Last McCLELLAND
Date of Birth: Month Day Year
AGE: 21
Place of Birth (State or foreign country): INDIANA
Residence Address: Street or R.R. R.R. 1 BOX 579 City PLAINFIELD County State IN
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages _____
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date _____
Date of Birth Verified By: ☐ Birth Certificate ☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☐ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☐ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
5. List the full names of any dependent children. _____
6. (a) Full name of applicant's father _____
   (If adopted, list adoptive parents only) _____
   Residence of father (if deceased, so state) _____
   Birthplace of father (State or foreign country) _____
   (b) Full maiden name of applicant's mother _____
   (If adopted, list adoptive parents only) _____
   Residence of mother (if deceased, so state) _____
   Birthplace of mother (State or foreign country) _____

FEMALE APPLICANT

Name: First LINDA DARLENE Middle Last TRINKLE
Date of Birth: Month Day Year
AGE: 18
Place of Birth (State or foreign country): INDIANA
Residence Address: Street or R.R. R.R. 1 BOX 476 City PLAINFIELD County State IN
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages _____
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date _____
Date of Birth Verified By: ☐ Birth Certificate ☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☐ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☐ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
5. List the full names of any dependent children. _____
6. (a) Full name of applicant's father _____
   (If adopted, list adoptive parents only) _____
   Residence of father (if deceased, so state) _____
   Birthplace of father (State or foreign country) _____
   (b) Full maiden name of applicant's mother _____
   (If adopted, list adoptive parents only) _____
   Residence of mother (if deceased, so state) _____
   Birthplace of mother (State or foreign country) _____

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant _____ Date _____

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
Signed /s/ MICHAEL PATRICK McCLELLAND
New Address _____
Subscribed and sworn to before me this _____ day of _____
/s/ JOHN GAMBOLD JR. Clerk of the Hendricks Circuit Court

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant _____ Date _____

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
Signed /s/ LINDA DARLENE TRINKLE
New Address _____
Subscribed and sworn to before me this _____ day of _____
/s/ JOHN GAMBOLE JR. Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
_____ 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 make the consent of the other parent unnecessary _____

State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated JAN. 1965, authorizing the marriage of MICHAEL PATRICK McCLELLAND and LINDA DARLENE TRINKLE.
I further certify that the following marriage certificate was filed in my office: I, JOHN K. HATHAWAY (name), certify that on 7-3-65 (date), at INDIANAPOLIS in MARION County, Indiana, MICHAEL PATRICK McCLELLAND of HENDRICKS County, IN (state), and LINDA DARLENE TRINKLE of HENDRICKS County, IN (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated JAN.1965. Signed by: /s/ JOHN K. HATHAWAY, MINISTER OF JEHOVA'S WITNESSES (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on 7-6-65 (date).

Signed /s/ JOHN GAMBOLD JR. Clerk
Hendricks Circuit Court

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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-11-4-4

Book 28
Page 176
JAN. 1965
Date of Application

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No ☐ Yes ☐
If No, Medical Examination or Report Dated _____
Name of Physician _____

MALE APPLICANT

Name First Middle Last: MICHAEL LEROY JONES
Date of Birth Month Day Year: AGE: 22
Place of Birth (State or foreign country): INDIANA
Residence Address Street or R.R. City County State: BROWNSBURG IN
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages _____
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date _____
Date of Birth Verified By: ☐ Birth Certificate ☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☐ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☐ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
5. List the full names of any dependent children. _____
6. (a) Full name of applicant's father _____
   (If adopted, list adoptive parents only) _____
   Residence of father (if deceased, so state) _____
   Birthplace of father (State or foreign country) _____
   (b) Full maiden name of applicant's mother _____
   (If adopted, list adoptive parents only) _____
   Residence of mother (if deceased, so state) _____
   Birthplace of mother (State or foreign country) _____

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant _____ Date _____

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
Signed /s/ MICHAEL LEROY JONES
New Address _____
Subscribed and sworn to before me this _____ day of _____
/s/JOHN GAMBOLD JR. Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
_____ Clerk

FEMALE APPLICANT

Name First Middle Last: LINDA SUE LUCAS
Date of Birth Month Day Year: AGE: 20
Place of Birth (State or foreign country): INDIANA
Residence Address Street or R.R. City County State: BROWNSBURG IN
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages _____
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date _____
Date of Birth Verified By: ☐ Birth Certificate ☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☐ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☐ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
5. List the full names of any dependent children. _____
6. (a) Full name of applicant's father _____
   (If adopted, list adoptive parents only) _____
   Residence of father (if deceased, so state) _____
   Birthplace of father (State or foreign country) _____
   (b) Full maiden name of applicant's mother _____
   (If adopted, list adoptive parents only) _____
   Residence of mother (if deceased, so state) _____
   Birthplace of mother (State or foreign country) _____

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant _____ Date _____

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
Signed /s/ LINDA SUE LUCAS
New Address _____
Subscribed and sworn to before me this _____ day of _____
/s/JOHN GAMBOLD JR. Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated JAN. 1965, authorizing the marriage of MICHAEL LEROY JONES and LINDA SUE LUCAS.
I further certify that the following marriage certificate was filed in my office: I, LESTER B. YEARICK (name), certify that on 1-9-65 (date), at BROWNSBURG in HENDRICKS County, Indiana, MICHAEL LEROY JONES of HENDRICKS County, IN (state), and LINDA SUE LUCAS of HENDRICKS County, IN (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated JAN. 1965. Signed by: /s/ LESTER B. YEARICK, MINISTER (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on 1-20-65 (date).

Signed /s/ JOHN GAMBOLD JR. Clerk
Hendricks Circuit Court

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-11-4-4

Book 28
Page 177
JAN. 1965
Date of Application

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No ☐ Yes ☐
If No, Medical Examination or Report Dated _____
Name of Physician _____

MALE APPLICANT

Name First: WILLIE Middle: EUGENE Last: JONES
Date of Birth Month Day Year
AGE: 32
Place of Birth (State or foreign country): VIRGINIA
Residence Address Street or R.R.: PO BOX 124 City: BROWNSBURG County: State: IN
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages: 1
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date _____
Date of Birth Verified By: ☐ Birth Certificate ☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☐ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☐ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
5. List the full names of any dependent children. _____
6. (a) Full name of applicant's father _____
   (If adopted, list adoptive parents only) _____
   Residence of father (if deceased, so state) _____
   Birthplace of father (State or foreign country) _____
   (b) Full maiden name of applicant's mother _____
   (If adopted, list adoptive parents only) _____
   Residence of mother (if deceased, so state) _____
   Birthplace of mother (State or foreign country) _____

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant _____ Date _____

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
Signed /s/ WILLIE EUGENE JONES
New Address _____
Subscribed and sworn to before me this _____ day of _____
/s/ JOHN GAMBOLD JR Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
_____ Clerk

FEMALE APPLICANT

Name First: ROSE Middle: ANN Last: HIGHTSHUE
Date of Birth Month Day Year
AGE: 21
Place of Birth (State or foreign country): INDIANA
Residence Address Street or R.R.: RR #1 BOX 233 City: PITTSBORO County: State: In
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages: 1
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date _____
Date of Birth Verified By: ☐ Birth Certificate ☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☐ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☐ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
5. List the full names of any dependent children. _____
6. (a) Full name of applicant's father _____
   (If adopted, list adoptive parents only) _____
   Residence of father (if deceased, so state) _____
   Birthplace of father (State or foreign country) _____
   (b) Full maiden name of applicant's mother _____
   (If adopted, list adoptive parents only) _____
   Residence of mother (if deceased, so state) _____
   Birthplace of mother (State or foreign country) _____

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant _____ Date _____

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
Signed /s/ ROSE ANN HIGHTSHUE
New Address _____
Subscribed and sworn to before me this _____ day of _____
/s/ JOHN GAMBOLD JR. Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated JAN. 1965, authorizing the marriage of WILLIE EUGENE JONES and ROSE ANN HIGHTSHUE.
I further certify that the following marriage certificate was filed in my office: I, KEITH L. KINNEY (name), certify that on 1-15-65 (date), at BROWNSBURG in HENDRICKS County, Indiana, WILLIE EUGENE JONES of HEDNRICKS County, IN (state), and ROSE ANN HIGHTSHUE of HENDRICKS County, IN (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated JAN. 1965. Signed by: /s/ KEITH L. KINNEY, PASTOR (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on 1-23-65 (date).

Signed /s/ JOHN GAMBOLD JR. Clerk
Hendricks Circuit Court

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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS COUNTY

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-11-4-4

Book 28
Page 178
JAN. 1965
Date of Application

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No ☐ Yes ☐
If No, Medical Examination or Report Dated _____
Name of Physician _____

MALE APPLICANT

Name First Middle Last: TOMMY RIGDON WHALEY

Date of Birth Month Day Year: AGE: 20

Place of Birth (State or foreign country): KENTUCKY

Residence Address Street or R.R. City County State: RR #1, BOX 133 NORTH SALEM IN

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages _____

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date _____

Date of Birth Verified By: ☐ Birth Certificate ☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☐ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☐ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
5. List the full names of any dependent children. _____
6. (a) Full name of applicant's father _____
   (If adopted, list adoptive parents only) _____
   Residence of father (if deceased, so state) _____
   Birthplace of father (State or foreign country) _____
   (b) Full maiden name of applicant's mother _____
   (If adopted, list adoptive parents only) _____
   Residence of mother (if deceased, so state) _____
   Birthplace of mother (State or foreign country) _____

FEMALE APPLICANT

Name First Middle Last: MARJORIE JOY SHEETS

Date of Birth Month Day Year: AGE: 20

Place of Birth (State or foreign country): INDIANA

Residence Address Street or R.R. City County State: RR #2 BOX 275 CLAYTON IN

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages _____

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date _____

Date of Birth Verified By: ☐ Birth Certificate ☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☐ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☐ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
5. List the full names of any dependent children. _____
6. (a) Full name of applicant's father _____
   (If adopted, list adoptive parents only) _____
   Residence of father (if deceased, so state) _____
   Birthplace of father (State or foreign country) _____
   (b) Full maiden name of applicant's mother _____
   (If adopted, list adoptive parents only) _____
   Residence of mother (if deceased, so state) _____
   Birthplace of mother (State or foreign country) _____

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant _____ Date _____

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ Date _____

State of Indiana)
County of Hendricks)

I swear/affirm that the information given in this application is true and correct.

Signed /s/ TOMMY RIGDON WHALEY
New Address _____

Subscribed and sworn to before me this _____ day of _____

/s/ JOHN GAMBOLD JR Clerk of the Hendricks Circuit Court

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).

Signature of Applicant _____ Date _____

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.

Clerk of Court _____ Date _____

State of Indiana)
County of Hendricks)

I swear/affirm that the information given in this application is true and correct.

Signed /s/ MARJORIE JOY SHEETS
New Address _____

Subscribed and sworn to before me this _____ day of _____

/s/ JOHN GAMBOLD JR Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of Hendricks)

Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
_____ 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 make the consent of the other parent unnecessary _____

State of Indiana)
County of Hendricks)

Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated JAN. 1965, authorizing the marriage of TOMMY RIGDON WHALEY and MARJORIE JOY SHEETS.

I further certify that the following marriage certificate was filed in my office: I, EVERETT V. SMOCK(?) (name), certify that on 1-18-65 (date), at HAZELWOOD in HENDRICKS County, Indiana, TOMMY RIGDON WHALEY of HENDRICKS County, IN (state), and MARJORIE JOY SHEETS of HEDNRICKS County, H IN (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated JAN 1965. Signed by: /s/ EVERETT V. SMOCK(?), MINISTER (official designation)

Filed and recorded in accordance with the laws of the State of Indiana on 1-20-65 (date).

Signed /s/ JOHN GAMBOLD JR Clerk
Hendricks Circuit Court

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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS COUNTY

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-11-4-4

Book 28
Page 179
JAN. 1965
Date of Application

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No ☐ Yes ☐
If No, Medical Examination or Report Dated _____
Name of Physician _____

MALE APPLICANT

Name First Middle Last
ROBERT COLIN KELLEY

Date of Birth Month Day Year
AGE: 22

Place of Birth (State or foreign country)
INDIANA

Residence Address Street or R.R. City County State
712 S WHITCOMB INDIANAPOLIS IN

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages _____

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date _____

Date of Birth Verified By: ☐ Birth Certificate ☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☐ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☐ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
5. List the full names of any dependent children. _____
6. (a) Full name of applicant's father _____
   (If adopted, list adoptive parents only) _____
   Residence of father (if deceased, so state) _____
   Birthplace of father (State or foreign country) _____
   (b) Full maiden name of applicant's mother _____
   (If adopted, list adoptive parents only) _____
   Residence of mother (if deceased, so state) _____
   Birthplace of mother (State or foreign country) _____

FEMALE APPLICANT

Name First Middle Last
ILA ANN NOTHSTINE

Date of Birth Month Day Year
AGE: 21

Place of Birth (State or foreign country)
INDIANA

Residence Address Street or R.R. City County State
RT 1 BOX 261 PITTSBORO IN

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages _____

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date _____

Date of Birth Verified By: ☐ Birth Certificate ☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☐ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☐ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
5. List the full names of any dependent children. _____
6. (a) Full name of applicant's father _____
   (If adopted, list adoptive parents only) _____
   Residence of father (if deceased, so state) _____
   Birthplace of father (State or foreign country) _____
   (b) Full maiden name of applicant's mother _____
   (If adopted, list adoptive parents only) _____
   Residence of mother (if deceased, so state) _____
   Birthplace of mother (State or foreign country) _____

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant _____ Date _____

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
Signed /s/ ROBERT COLIN KELLEY
New Address _____
Subscribed and sworn to before me this _____ day of _____
/s/ JOHN GAMBOLD JR. Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
_____ Clerk

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant _____ Date _____

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
Signed /s/ILA ANN NOTHSTINE
New Address _____
Subscribed and sworn to before me this _____ day of _____
/s/ JOHN GAMBOLD JR. Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated JAN. 1965, authorizing the marriage of ROBERT COLIN KELLEY and ILA ANN NOTHSTINE.
I further certify that the following marriage certificate was filed in my office: I, THOMAS R. STRA(?) (name), certify that on 1-17-65 (date), at PITTSBORO in HENDRICKS County, Indiana, ROBERT COLIN KELLEY of MARION County, IN (state), and ILA ANN NOTHSTINE of HENDRICKS County, IN (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated JAN. 1965. Signed by: /s/ THOMAS R. (?), MINISTER (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on 3-1-65 (date).

Signed /s/ JOHN GAMBOLD JR. Clerk
Hendricks Circuit Court

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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS COUNTY

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-11-4-4

Book 28
Page 180
JAN. 1965
Date of Application

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No ☐ Yes ☐
If No, Medical Examination or Report Dated _____
Name of Physician _____

MALE APPLICANT

Name: First JOHN Middle DUGAN Last WILEY
Date of Birth: Month Day Year
AGE: 33
Place of Birth (State or foreign country): INDIANA
Residence Address: Street or R.R. 14 E. FRANKLIN ST City BROWNSBURG County State IN
Previous Marital Status: Never Married ☒ OR No. of Previous Marriages _____
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date _____
Date of Birth Verified By: ☐ Birth Certificate ☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☐ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☐ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
5. List the full names of any dependent children. _____
6. (a) Full name of applicant's father _____
   (If adopted, list adoptive parents only) _____
   Residence of father (if deceased, so state) _____
   Birthplace of father (State or foreign country) _____
   (b) Full maiden name of applicant's mother _____
   (If adopted, list adoptive parents only) _____
   Residence of mother (if deceased, so state) _____
   Birthplace of mother (State or foreign country) _____

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant _____ Date _____

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
Signed /s/ JOHN DUGAN WILEY
New Address _____
Subscribed and sworn to before me this _____ day of _____
/s/ JOHN GAMBOLD JR. Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
_____ Clerk

FEMALE APPLICANT

Name: First BETTY Middle ANN Last NORMAN
Date of Birth: Month Day Year
AGE: 28
Place of Birth (State or foreign country): INDIANA
Residence Address: Street or R.R. RR 1 City LIZTON County State IN
Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date _____
Date of Birth Verified By: ☐ Birth Certificate ☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☐ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☐ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
5. List the full names of any dependent children. _____
6. (a) Full name of applicant's father _____
   (If adopted, list adoptive parents only) _____
   Residence of father (if deceased, so state) _____
   Birthplace of father (State or foreign country) _____
   (b) Full maiden name of applicant's mother _____
   (If adopted, list adoptive parents only) _____
   Residence of mother (if deceased, so state) _____
   Birthplace of mother (State or foreign country) _____

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant _____ Date _____

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
Signed /s/ BETTY ANN NORMAN
New Address _____
Subscribed and sworn to before me this _____ day of _____
/s/ JOHN GAMBOLD JR. Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated JAN. 1965, authorizing the marriage of JOHN DUGAN WILEY and BETTY ANN NORMAN.
I further certify that the following marriage certificate was filed in my office: I, PAUL A EVARD (name), certify that on 1-23-65 (date), at BROWNSBURG in HENDRICKS County, Indiana, JOHN DUGAN WILEY of HENDRICKS County, IN (state), and BETTY ANN NORMAN of HENDRICKS County, IN (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated JAN. 1965. Signed by: /s/ PAUL A EVARD, PRIEST (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on 1-25-65 (date).

Signed /s/ JOHN GAMBOLD JR. Clerk
Hendricks Circuit Court

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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-11-4-4

Book 28
Page 181
JAN. 1965
Date of Application

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No ☐ Yes ☐
If No, Medical Examination or Report Dated _____
Name of Physician _____

MALE APPLICANT

Name First Middle Last: JOHN R. FRANKLIN

Date of Birth Month Day Year: AGE: 18

Place of Birth (State or foreign country): INDIANA

Residence Address Street or R.R. City County State: RR 1 CLAYTON IN

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages _____

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date _____

Date of Birth Verified By: ☐ Birth Certificate ☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☐ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☐ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
5. List the full names of any dependent children. _____
6. (a) Full name of applicant's father _____
   (If adopted, list adoptive parents only) _____
   Residence of father (if deceased, so state) _____
   Birthplace of father (State or foreign country) _____
   (b) Full maiden name of applicant's mother _____
   (If adopted, list adoptive parents only) _____
   Residence of mother (if deceased, so state) _____
   Birthplace of mother (State or foreign country) _____

FEMALE APPLICANT

Name First Middle Last: PAMELA SUE KENNEDY

Date of Birth Month Day Year: AGE: 19

Place of Birth (State or foreign country): INDIANA

Residence Address Street or R.R. City County State: RR 2 CLAYTON IN

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages _____

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date _____

Date of Birth Verified By: ☐ Birth Certificate ☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☐ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☐ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
5. List the full names of any dependent children. _____
6. (a) Full name of applicant's father _____
   (If adopted, list adoptive parents only) _____
   Residence of father (if deceased, so state) _____
   Birthplace of father (State or foreign country) _____
   (b) Full maiden name of applicant's mother _____
   (If adopted, list adoptive parents only) _____
   Residence of mother (if deceased, so state) _____
   Birthplace of mother (State or foreign country) _____

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant _____ Date _____

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
Signed /s/ JOHN R FRANKLIN
New Address _____
Subscribed and sworn to before me this _____ day of _____
/s/ JOHN GAMBOLD JR. Clerk of the Hendricks Circuit Court

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant _____ Date _____

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
Signed /s/ PAMELA SUE KENNEDY
New Address _____
Subscribed and sworn to before me this _____ day of _____
/s/ JOHN GAMBOLD JR. Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
_____ 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 make the consent of the other parent unnecessary _____

State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated JAN. 1965, authorizing the marriage of JOHN R. FRANKLIN and PAMELA SUE KENNEDY.

I further certify that the following marriage certificate was filed in my office: I, WARREN A. ROBBINS (name), certify that on 1-18-65 (date), at PLAINFIELD in HENDRICKS County, Indiana, JOHN R. FRANKLIN of HENDRICKS County, IN (state), and PAMELA SUE KENNEDY of HENDRICKS County, IN (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated JAN. 1965. Signed by: /s/ WARREN A. ROBBINS MINISTER (official designation)

Filed and recorded in accordance with the laws of the State of Indiana on 1-20-65 (date).

Signed /s/ JOHN GAMBOLD JR. Clerk
Hendricks Circuit Court

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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS COUNTY

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-11-4-4

Book 28

Page 182

JAN. 1965
Date of Application

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No ☐ Yes ☐
If No, Medical Examination or Report Dated _____
Name of Physician _____

MALE APPLICANT

Name: First GILBERT Middle LEE Last FREDERICK

Date of Birth: Month Day Year
AGE: 17

Place of Birth (State or foreign country): KENTUCKY

Residence Address: Street or R.R. City: INDIANAPOLIS County State: IN

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages _____

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date _____

Date of Birth Verified By: ☐ Birth Certificate ☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☐ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☐ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
5. List the full names of any dependent children. _____
6. (a) Full name of applicant's father _____
   (If adopted, list adoptive parents only) _____
   Residence of father (if deceased, so state) _____
   Birthplace of father (State or foreign country) _____
   (b) Full maiden name of applicant's mother _____
   (If adopted, list adoptive parents only) _____
   Residence of mother (if deceased, so state) _____
   Birthplace of mother (State or foreign country) _____

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant _____ Date _____

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
Signed /s/ GILBERT LEE FREDERICK
New Address _____
Subscribed and sworn to before me this _____ day of _____
/s/ JOHN GAMBOLD JR. Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
_____ Clerk

FEMALE APPLICANT

Name: First MOLLY Middle ALICE Last BIGGS

Date of Birth: Month Day Year
AGE: 16

Place of Birth (State or foreign country): INDIANA

Residence Address: Street or R.R. City: PLAINFIELD County State: IN

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages _____

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date _____

Date of Birth Verified By: ☐ Birth Certificate ☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☐ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☐ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
5. List the full names of any dependent children. _____
6. (a) Full name of applicant's father _____
   (If adopted, list adoptive parents only) _____
   Residence of father (if deceased, so state) _____
   Birthplace of father (State or foreign country) _____
   (b) Full maiden name of applicant's mother _____
   (If adopted, list adoptive parents only) _____
   Residence of mother (if deceased, so state) _____
   Birthplace of mother (State or foreign country) _____

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant _____ Date _____

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
Signed /s/ MOLLY ALICE BIGGS
New Address _____
Subscribed and sworn to before me this _____ day of _____
/s/ JOHN GAMBOLD JR. Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated _____ JAN. 1965, authorizing the marriage of GILBERT LEE FREDERICK and MOLLY ALICE BIGGS.
I further certify that the following marriage certificate was filed in my office: I, RICHARD E. HAWN(?) (name), certify that on 1-17-65 (date), at MOORESVILLE in MORGAN County, Indiana, GILBERT LEE FREDERICK of MARION County, IN (state), and MOLLY ALICE BIGGS of HENDRICKS County, IN (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated JAN. 1965. Signed by /s/ RICHARD E. HAWN(?), MINISTER (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on 1-21-65 (date).

Signed /s/ JOHN GAMBOLD JR. Clerk
Hendricks Circuit Court

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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-11-4-4

Book 28
Page 183
JAN. 1965
Date of Application

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No ☐ Yes ☐
If No, Medical Examination or Report Dated _____
Name of Physician _____

MALE APPLICANT

Name First Middle Last: EARL M. HUNT

Date of Birth Month Day Year: AGE: 44

Place of Birth (State or foreign country): INDIANA

Residence Address Street or R.R. City County State: 506 E MAIN PLAINFIELD IN

Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date _____

Date of Birth Verified By: ☐ Birth Certificate ☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☐ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☐ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
5. List the full names of any dependent children. _____
6. (a) Full name of applicant's father _____
   (If adopted, list adoptive parents only) _____
   Residence of father (if deceased, so state) _____
   Birthplace of father (State or foreign country) _____
   (b) Full maiden name of applicant's mother _____
   (If adopted, list adoptive parents only) _____
   Residence of mother (if deceased, so state) _____
   Birthplace of mother (State or foreign country) _____

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant _____ Date _____

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
Signed /s/ EARL M. HUNT
New Address _____
Subscribed and sworn to before me this _____ day of _____
/s/ JOHN GAMBOLD JR. Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
_____ Clerk

FEMALE APPLICANT

Name First Middle Last: LUCILLE M. REID

Date of Birth Month Day Year: AGE: 37

Place of Birth (State or foreign country): INDIANA

Residence Address Street or R.R. City County State: 41 BUTLER DR PLAINFIELD IN

Previous Marital Status: Never Married ☐ OR No. of Previous Marriages 1

Last Marriage Ended By: Death ☐ Divorce ☒ Annulment ☐ Date _____

Date of Birth Verified By: ☐ Birth Certificate ☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☐ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☐ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
5. List the full names of any dependent children. _____
6. (a) Full name of applicant's father _____
   (If adopted, list adoptive parents only) _____
   Residence of father (if deceased, so state) _____
   Birthplace of father (State or foreign country) _____
   (b) Full maiden name of applicant's mother _____
   (If adopted, list adoptive parents only) _____
   Residence of mother (if deceased, so state) _____
   Birthplace of mother (State or foreign country) _____

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant _____ Date _____

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
Signed /s/ LUCILLE M. REID
New Address _____
Subscribed and sworn to before me this _____ day of _____
/s/ JOHN GAMBOLD JR. Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated JAN. 1965, authorizing the marriage of EARL M. HUNT and LUCILLE M. REID.
I further certify that the following marriage certificate was filed in my office: I, WRAREN. A. ROBBINS (name), certify that on 1-23-65 (date), at INDIANAPOLIS in MARION County, Indiana, EARL M. HUNT of HENDRICKS County, IN (state), and LUCILLE M. REID of HENDRICKS County, IN (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated JAN. 1965. Signed by: /s/ WARREN A. ROBBINS, MINISTER (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on 1-26-65 (date).

Signed /s/ JOHN GAMBOLD JR. Clerk
Hendricks Circuit Court

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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS COUNTY

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-11-4-4

Book 28
Page 184
JAN. 1965
Date of Application

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No ☐ Yes ☐
If No, Medical Examination or Report Dated _____
Name of Physician _____

MALE APPLICANT

Name: First LARRY Middle EUGENE Last MARSH

Date of Birth: Month Day Year
AGE: 22

Place of Birth (State or foreign country): INDIANA

Residence Address: Street or R.R. City PITTSBORO County State IN

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages _____

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date _____

Date of Birth Verified By: ☐ Birth Certificate ☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☐ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☐ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
5. List the full names of any dependent children. _____
6. (a) Full name of applicant's father _____
   (If adopted, list adoptive parents only) _____
   Residence of father (if deceased, so state) _____
   Birthplace of father (State or foreign country) _____
   (b) Full maiden name of applicant's mother _____
   (If adopted, list adoptive parents only) _____
   Residence of mother (if deceased, so state) _____
   Birthplace of mother (State or foreign country) _____

FEMALE APPLICANT

Name: First CAROL Middle ANN Last BLAND

Date of Birth: Month Day Year
AGE: 18

Place of Birth (State or foreign country): INDIANA

Residence Address: Street or R.R. City BROWNSBURG County State IN

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages _____

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date _____

Date of Birth Verified By: ☐ Birth Certificate ☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☐ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☐ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
5. List the full names of any dependent children. _____
6. (a) Full name of applicant's father _____
   (If adopted, list adoptive parents only) _____
   Residence of father (if deceased, so state) _____
   Birthplace of father (State or foreign country) _____
   (b) Full maiden name of applicant's mother _____
   (If adopted, list adoptive parents only) _____
   Residence of mother (if deceased, so state) _____
   Birthplace of mother (State or foreign country) _____

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant _____ Date _____

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs
Clerk of Court _____ Date _____

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
Signed /s/ Larry Eugene Marsh
New Address _____
Subscribed and sworn to before me this _____ day of _____
/s/ John Gambold Jr. Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
_____ Clerk

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant _____ Date _____

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
Signed /s/ Carol Ann Bland
New Address _____
Subscribed and sworn to before me this _____ day of _____
/s/ John Gambold Jr. Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated JAN. 1965, authorizing the marriage of LARRY EUGENE MARSH and CAROL ANN BLAND.

I further certify that the following marriage certificate was filed in my office: I, LESTER B. YEARICK (name), certify that on 1-29-65 (date), at BROWNSBURG in HENDRICKS County, Indiana, LARRY EUGENE MARSH of HENDRICKS County, IN (state), and CAROL ANN BLAND of HENDRICKS County, IN (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated JAN. 1965. Signed by: /s/ LESTER B. YEARICK MINISTER (official designation)

Filed and recorded in accordance with the laws of the State of Indiana on 2-3- 65 (date).

Signed /s/ JOHN GAMBOLD, JR. Clerk
Hendricks Circuit Court

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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS COUNTY

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-11-4-4

Book 28
Page 185
JAN. 1965
Date of Application

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No ☐ Yes ☐
If No, Medical Examination or Report Dated _____
Name of Physician _____

MALE APPLICANT

Name: First JAMES Middle M Last ROBERTS

Date of Birth: Month Day Year
AGE: 22

Place of Birth (State or foreign country): INDIANA

Residence Address: Street or R.R. 230 N JEFFERSON ST City BROWNSBURG County _____ State IN

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages _____

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date _____

Date of Birth Verified By: ☐ Birth Certificate ☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☐ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☐ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
5. List the full names of any dependent children. _____
6. (a) Full name of applicant's father _____
   (If adopted, list adoptive parents only) _____
   Residence of father (if deceased, so state) _____
   Birthplace of father (State or foreign country) _____
   (b) Full maiden name of applicant's mother _____
   (If adopted, list adoptive parents only) _____
   Residence of mother (if deceased, so state) _____
   Birthplace of mother (State or foreign country) _____

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant _____ Date _____

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
Signed /s/JAMES M. ROBERTS
New Address _____
Subscribed and sworn to before me this _____ day of _____
/s/ JOHN GAMBOLD JR. Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
_____ Clerk

FEMALE APPLICANT

Name: First BEVERLY Middle ANN Last MORRIS

Date of Birth: Month Day Year
AGE: 18

Place of Birth (State or foreign country): OHIO

Residence Address: Street or R.R. RT 2 City FRENCH LICK County _____ State IN

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages _____

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date _____

Date of Birth Verified By: ☐ Birth Certificate ☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☐ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☐ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
5. List the full names of any dependent children. _____
6. (a) Full name of applicant's father _____
   (If adopted, list adoptive parents only) _____
   Residence of father (if deceased, so state) _____
   Birthplace of father (State or foreign country) _____
   (b) Full maiden name of applicant's mother _____
   (If adopted, list adoptive parents only) _____
   Residence of mother (if deceased, so state) _____
   Birthplace of mother (State or foreign country) _____

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant _____ Date _____

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
Signed /s/ BEVERLY ANN MORRIS
New Address _____
Subscribed and sworn to before me this _____ day of _____
/s/ JOHN GAMBOLD JR. Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated JAN. 1965, authorizing the marriage of JAMES M. ROBERTS and BEVERLY ANN MORRIS.
I further certify that the following marriage certificate was filed in my office: I, LANDON A. HATLEY (name), certify that on 1-23-65 (date), at SOUTH LIBERTY in ORANGE County, Indiana, JAMES M. ROBERTS of HENDRICKS County, IN (state), and BEVERLY ANN MORRIS of ORANGE County, IN (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated JAN. 1965. Signed by: /s/ LANDON A. HATLEY MINISTER (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on 1-25-65 (date).

Signed /s/ JOHN GAMBOLD JR. Clerk
Hendricks Circuit Court

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

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STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE
HENDRICKS COUNTY

Form Prescribed By
Indiana State Board of
Health under Authority
of IC 31-11-4-4

Book 28
Page 186
JAN. 1965
Date of Application

IC 31-11-11-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the circuit court when the person applies for a marriage license under IC 31-11-4-4 commits a Class D felony.

Female Applicant > 50 No ☐ Yes ☐
If No, Medical Examination or Report Dated _____
Name of Physician _____

MALE APPLICANT

Name: First ROY Middle MELVIN Last ANDERSON

Date of Birth: Month Day Year
AGE: 19

Place of Birth (State or foreign country): INDIANA

Residence Address: Street or R.R. City County MARION State IN

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages _____

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date _____

Date of Birth Verified By: ☐ Birth Certificate ☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the female applicant closer than second cousin? No ☐ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☐ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
5. List the full names of any dependent children. _____
6. (a) Full name of applicant's father _____
   (If adopted, list adoptive parents only) _____
   Residence of father (if deceased, so state) _____
   Birthplace of father (State or foreign country) _____
   (b) Full maiden name of applicant's mother _____
   (If adopted, list adoptive parents only) _____
   Residence of mother (if deceased, so state) _____
   Birthplace of mother (State or foreign country) _____

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant _____ Date _____

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
Signed /s/ ROY MELVIN ANDERSON
New Address _____
Subscribed and sworn to before me this _____ day of _____
/s/ JOHN GAMBOLD JR. Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
_____ Clerk

FEMALE APPLICANT

Name: First JOYCE Middle ANN Last ZEIGLER

Date of Birth: Month Day Year
AGE: 17

Place of Birth (State or foreign country): (?)

Residence Address: Street or R.R. City County HENDRICKS State IN

Previous Marital Status: Never Married ☒ OR No. of Previous Marriages _____

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐ Date _____

Date of Birth Verified By: ☐ Birth Certificate ☐ Other (Specify)

1. Are you now or have you ever been adjudged to be of unsound mind? No ☐ Yes ☐
   If answer is "yes", has the adjudication been removed? No ☐ Yes ☐
2. Are you related to the male applicant closer than second cousin? No ☐ Yes ☐
3. Are you now under the influence of an alcoholic beverage? No ☐ Yes ☐
4. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
5. List the full names of any dependent children. _____
6. (a) Full name of applicant's father _____
   (If adopted, list adoptive parents only) _____
   Residence of father (if deceased, so state) _____
   Birthplace of father (State or foreign country) _____
   (b) Full maiden name of applicant's mother _____
   (If adopted, list adoptive parents only) _____
   Residence of mother (if deceased, so state) _____
   Birthplace of mother (State or foreign country) _____

ACKNOWLEDGEMENT

I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).
Signature of Applicant _____ Date _____

The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.
Clerk of Court _____ Date _____

State of Indiana)
County of Hendricks)
I swear/affirm that the information given in this application is true and correct.
Signed /s/ JOYCE ANN ZEIGLER
New Address _____
Subscribed and sworn to before me this _____ day of _____
/s/ JOHN GAMBOLD JR. Clerk of the Hendricks Circuit Court

CONSENT OF PARENTS, PARENT, OR GUARDIAN

We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary _____

State of Indiana)
County of Hendricks)
Father _____ ID # _____
Mother _____ ID # _____
Subscribed and sworn to before me this _____ day of _____
_____ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the _____ County _____ Court, by written order issued _____ and filed in _____, authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated JAN. 1965, authorizing the marriage of ROY MELVIN ANDERSON and JOYCE ANN ZEIGLER.
I further certify that the following marriage certificate was filed in my office: I, CLARK E. HOBBY (name), certify that on 1-21-65 (date), at INDIANAPOLIS in MARION County, Indiana, ROY MELVIN ANDERSON of MARION County, IN (state), and JOYCE ANN ZEIGLER of HENDRICKS County, IN (state) were married by me as authorized under a marriage license that was issued by the Clerk of the Circuit Court of Hendricks County, Indiana, dated JAN. 1965. Signed by: /s/ CLARK E. HOBBY, MINISTER (official designation)
Filed and recorded in accordance with the laws of the State of Indiana on 1-26-65 (date).

Signed /s/ JOHN GAMBOLD JR. Clerk
Hendricks Circuit Court

BOYCE FORMS • SYSTEMS 1-800-382-8702 1477

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 16

File Book 28

19 January 1965
Date of Application

MALE
Medical Examination Report Dated 13 January 1965
Name of Physician M.O. Schmahorn M.D.

FEMALE
Medical Examination Report Dated 13 January 1965
Name of Physician M.O. Schmahorn 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 George Middle — Last Desich

Date of Birth: Month April Day 17 Year 1936

Place of Birth (State or foreign country) Doniphan, Missouri

Residence Address: Street or R. R. Box 23 City Lizton County Hend. State Ind.

Previous Marital Status: Never Married ☐ Number of Previous Marriages 1

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

Color or Race: White ☑ Negro ☐ Other ☐ (specify)

Usual Occupation Construction worker

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☑ Other (Specify) Baptismal Certificate

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☑ Yes ☐
   If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☑ Yes ☐
5. Are you related to the bride closer than second cousin? No ☑ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
8. Are you able to support a family? Yes ☑ No ☐
9. Are you likely to so continue? Yes ☑ No ☐
10. Do you have minor children from one or more former marriages? No ☐ Yes ☑
    (If yes, answer questions a, b, c)
    (a) List their full names, ages and addresses

Name	Age	Address
Janet Ann	10	Doniphan, Mo
Judy Ann	9	" "
Melody Sue	6	" "
George Emery	4	" "

    (b) Are you supporting or contributing to their support? Yes ☑ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☑
11. Full name of father Emery Michael Desich
    Residence of father (if deceased so state) Doniphan, Mo.
    Occupation of father Farmer Race of father White
    Birthplace of father (State or foreign country) South Bend, Ind
12. Full maiden name of mother Elizabeth Cecilia Nemeth
    Residence of mother (if deceased so state) Doniphan, Mo.
    Occupation of mother Housewife Race of mother White
    Birthplace of mother (State or foreign country) South Bend, Ind.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed George Desich

New Address Lizton, Indiana

Subscribed and sworn to before me this 19 day of January, 1965

John Gambold Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

FEMALE APPLICANT

Name: First Patricia Middle J. Last Dickerson

Date of Birth: Month April Day 12 Year 1937

Place of Birth (State or foreign country) Indianapolis, Ind.

Residence Address: Street or R. R. Box 23 City Lizton County Hend. State Ind.

Maiden Name if Different

Previous Marital Status: Never Married ☑ Number of Previous Marriages.....

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race: White ☑ Negro ☐ Other ☐ (specify).....

Usual Occupation Teacher

Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify).....

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
7. Full name of father Samuel Irvan Dickerson
   Residence of father (if deceased so state) Lizton, Indiana
   Occupation of father Drainage Cont. Race of father White
   Birthplace of father (State or foreign country) Boone County.
8. Full maiden name of mother Merle April Trent
   Residence of mother (if deceased so state) Lizton, Indiana
   Occupation of mother Housewife Race of mother White
   Birthplace of mother (State or foreign country) Hendricks, County

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Patricia J. Dickerson

New Address Lizton, Indiana

Subscribed and sworn to before me this 19 day of January, 1965

John Gambold Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father

Signed ..... Mother

Subscribed and sworn to before me this ..... day of ....., 19.....

..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the ..... County ..... Court by written order issued ..... and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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* Jan, 1965, *authorizing the joining together as husband and wife* George Desich *and* Patricia J. Dickerson

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Paul A. Evard *hereby certify that on the* 30 *day of* January, *one thousand nine hundred and* (65) sixty five *at* St. Malachy Church Brownsburg *County of* Hendricks, *State of Indiana, Groom* George Desich *of* Hendricks *County, State of* Indiana, *and, Bride* Patricia Dickerson *of* Hendricks *County, State of* Indiana, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of ..... County.*

Dated this 30 *day of* January, 1965.

Signed Paul A. Evard

Official Designation Priest

Filed and recorded in accordance with the laws of the State of Indiana this 1 *day of* February, 1965

Signed John Gambold, Jr. *Clerk*
Hendricks *Circuit Court*

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 17
File Book 28
23 January 1965
Date of Application

MALE
Medical Examination Report Dated 19 January 1965
Name of Physician Lloyd Terry MD

FEMALE
Medical Examination Report Dated 19 January 1965
Name of Physician Lloyd Terry MD

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Richard Middle Dean Last Huffman

Date of Birth: Month April Day 26 Year 1946

Place of Birth (State or foreign country) Indianapolis, Ind.

Residence Address: R3 Box 183 Danville Hend. Ind.
Street or R. R. City County State

Previous Marital Status: Never Married ☑ Number of Previous Marriages.....

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race: White ☑ Negro ☐ Other ☐ (specify).....

Usual Occupation: Typesetter

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☑ Other (Specify) Drivers License

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☑ Yes ☐
   If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☑ Yes ☐
5. Are you related to the bride closer than second cousin? No ☑ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
8. Are you able to support a family? Yes ☑ No ☐
9. Are you likely to so continue? Yes ☑ No ☐
10. Do you have minor children from one or more former marriages? No ☑ Yes ☐
    (If yes, answer questions a, b, c)
    (a) List their full names, ages and addresses

Name	Age	Address

    (b) Are you supporting or contributing to their support? Yes ☐ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father Marvin C. Huffman
    Residence of father (if deceased so state) Danville, Indiana
    Occupation of father Postal clerk Race of father White
    Birthplace of father (State or foreign country) Bainbridge Ind.
12. Full maiden name of mother Marta Geraldene Rutledge
    Residence of mother (if deceased so state) Danville, Indiana
    Occupation of mother School teacher Race of mother White
    Birthplace of mother (State or foreign country) Danville, Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Richard Dean Huffman
New Address Route 3, Box 93, Danville, Ind.

Subscribed and sworn to before me this 23 day of January, 1965
John Gambold Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed Marvin C Huffman Father
Signed Geraldene Huffman Mother

Subscribed and sworn to before me this 23 day of January, 1965
John Gambold Jr. Clerk

FEMALE APPLICANT

Name: First Virginia Middle Louise Last McCoy

Date of Birth: Month Aug Day 1 Year 1945

Place of Birth (State or foreign country) Indianapolis Indiana

Residence Address: Rt 3 Box 298 Danville Hend. Ind
Street or R. R. City County State

Maiden Name if Different —

Previous Marital Status: Never Married ☑ Number of Previous Marriages.....

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race: White ☑ Negro ☐ Other ☐ (specify).....

Usual Occupation: Secretary

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) Drivers License

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
7. Full name of father John H. McCoy
   Residence of father (if deceased so state) Danville, Indiana
   Occupation of father Welder Race of father White
   Birthplace of father (State or foreign country) Parke Co.
8. Full maiden name of mother Tessie Geneva Griggs
   Residence of mother (if deceased so state) Danville, Ind.
   Occupation of mother House wife Race of mother White
   Birthplace of mother (State or foreign country) Indianapolis

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Virginia Louise McCoy
New Address Route 3 Box 93, Danville, Ind.

Subscribed and sworn to before me this 23 day of January, 1965
John Gambold Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father
Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the.....County.....Court by written order issued.....and filed in.....authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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* January, 1965, *authorizing the joining together as husband and wife* Richard Dean Huffman *and* Virginia Louise McCoy
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Morris King *hereby certify that on the* 29 *day of* January, *one thousand nine hundred and* sixty five, *State of Indiana, Groom* Richard Dean Huffman *at* Coatesville, *County of* Hendricks, *and, Bride* Virginia Louise McCoy *of* Hendricks *County, State of* Indiana, *were by 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* January, 1965.

Signed Morris King
Official Designation Methodist Minister

Filed and recorded in accordance with the laws of the State of Indiana this 1 *day of* February, 1965.

Signed John Gambold Jr. *Clerk*
Hendricks *Circuit Court*

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 18
File Book 28
25 January 1965
Date of Application

MALE
Medical Examination Report Dated 20 January 1965
Name of Physician H.M. Van Denbark M.D.

FEMALE
Medical Examination Report Dated 20 January 1965
Name of Physician H.M. Van Denbark 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 Jack Middle Richard Last Bell
Date of Birth: Month July Day 13 Year 1942
Place of Birth (State or foreign country): Indianapolis, Indiana
Residence Address: Street or R. R. R.2 City Plainfield County Hendricks State Ind.
Previous Marital Status: Never Married ☑ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify).....
Usual Occupation: Parts man
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify).....

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☑ Yes ☐
   If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☑ Yes ☐
5. Are you related to the bride closer than second cousin? No ☑ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
8. Are you able to support a family? Yes ☑ No ☐
9. Are you likely to so continue? Yes ☑ No ☐
10. Do you have minor children from one or more former marriages? No ☑ Yes ☐
    (If yes, answer questions a, b, c)
    (a) List their full names, ages and addresses

Name	Age	Address

    (b) Are you supporting or contributing to their support? Yes ☐ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father: Clarence William Bell
    Residence of father (if deceased so state): Plainfield, Ind.
    Occupation of father: Mechanic Race of father: white
    Birthplace of father (State or foreign country): Indianapolis
12. Full maiden name of mother: Erma Gladys Oelschlager
    Residence of mother (if deceased so state): same
    Occupation of mother: housewife Race of mother: white
    Birthplace of mother (State or foreign country): Indianapolis

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed: Jack Richard Bell
New Address: 652 E Main Plainfield

Subscribed and sworn to before me this 25 day of January, 1965.
John Gambold Jr. HENDRICKS Clerk Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day of....., 19.....
.....Clerk

FEMALE APPLICANT

Name: First Carol Middle Anne Last Carr
Date of Birth: Month November Day 1 Year 1945
Place of Birth (State or foreign country): Indianapolis, Indiana
Residence Address: 652 E Main Apt 2 Street or R.R. Plainfield City Hendricks County Indiana State
Maiden Name if Different —
Previous Marital Status: Never Married ☑ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify).....
Usual Occupation: Merchandise clerk
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify).....

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☐ Yes ☐
7. Full name of father: Paul Bernard Carr
   Residence of father (if deceased so state): Plainfield, Indiana
   Occupation of father: clerk PSCI Race of father: white
   Birthplace of father (State or foreign country): Indianapolis
8. Full maiden name of mother: Novella Wheeler
   Residence of mother (if deceased so state): Indianapolis
   Occupation of mother: housewife Race of mother: white
   Birthplace of mother (State or foreign country): Bowling Green, Ky.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed: Carol Anne Carr
New Address: same

Subscribed and sworn to before me this 25 day of January, 1965.
John Gambold Jr. HENDRICKS Clerk Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day of....., 19.....
.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the .....County.....Court by written order issued.....and filed in.....authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* Hend. *Circuit Court of Indiana dated the* 29 *day of* January, 19 65, *authorizing the joining together as husband and wife* Jack Richard Bell *and* Carol Anne Carr

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Corley Bowman *hereby certify that on the* 30th *day of* January, *one thousand nine hundred and* sixty five *at* Plainfield, *County of* Hendricks, *State of Indiana, Groom* Jack Richard Bell *of* Hendricks *County, State of* Indiana, *and, Bride* Carol Anne 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* ..... *County.*

Dated this 30 Th *day of* January, 19 65.

Signed Corley Bowman
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 27 *day of* February, 1965.

Signed John Gambold Jr. *Clerk*
Hendricks *Circuit Court*

Indexed to Hen

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 19
File Book 28
26 January 1965
Date of Application

MALE
Medical Examination Report Dated 21 January 1965
Name of Physician Lloyd Terry M.D.

FEMALE
Medical Examination Report Dated 21 January 1965
Name of Physician Lloyd Terry M.D.

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Donald Middle Eugene Last Acton

Date of Birth: Month August Day 24 Year 1937

Place of Birth (State or foreign country) Indianapolis, Indiana

Residence Address: Street or R. R. 52 N. Kentucky City Danville County Hend. State Ind.

Previous Marital Status: Never Married ☑ Number of Previous Marriages.....

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race: White ☑ Negro ☐ Other ☐ (specify).....

Usual Occupation Stockman - Van Camp.

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☑ Other (Specify) Drivers License

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☑ Yes ☐
   If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☑
4. Are you afflicted with a transmissible disease? No ☑ Yes ☐
5. Are you related to the bride closer than second cousin? No ☑ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
8. Are you able to support a family? Yes ☑ No ☐
9. Are you likely to so continue? Yes ☑ No ☐
10. Do you have minor children from one or more former marriages? No ☑ Yes ☐
    (If yes, answer questions a, b, c)
    (a) List their full names, ages and addresses

Name	Age	Address

    (b) Are you supporting or contributing to their support? Yes ☐ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father Francis H. Acton
    Residence of father (if deceased so state) Deceased
    Occupation of father — Race of father white
    Birthplace of father (State or foreign country) Freetown, Ind.
12. Full maiden name of mother Annie L. Deaver ~~Wagner~~
    Residence of mother (if deceased so state) Danville, Ind.
    Occupation of mother Invalid Race of mother white
    Birthplace of mother (State or foreign country) Ohio

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Donald E. Acton
New Address 52 N. Kentucky, Danville

Subscribed and sworn to before me this 26 day of January, 1965
John Gambold Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day of....., 19.....
.....Clerk

FEMALE APPLICANT

Name: First Myrtle Middle Kathryn Last Hadley

Date of Birth: Month June Day 4 Year 1944

Place of Birth (State or foreign country) Mooresville, Indiana

Residence Address: Street or R. R. R2 City Clayton County Hendricks State Ind.

Maiden Name if Different

Previous Marital Status: Never Married ☑ Number of Previous Marriages.....

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race: White ☑ Negro ☐ Other ☐ (specify).....

Usual Occupation Unemployed

Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree
☐ Other (Specify).....

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
7. Full name of father Louis Alfred Hadley
   Residence of father (if deceased so state) R2 Clayton, Ind.
   Occupation of father Retired Race of father White
   Birthplace of father (State or foreign country) Des Moines, Iowa
8. Full maiden name of mother Mary Susan Dailey
   Residence of mother (if deceased so state) Same
   Occupation of mother Housewife Race of mother white
   Birthplace of mother (State or foreign country) Brooklyn, Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Myrtle K. Hadley
New Address 52 N. Kentucky, Danville

Subscribed and sworn to before me this 26 day of January, 1965
John Gambold Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day of....., 19.....
.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the.....County.....Court by written order issued.....and filed in.....authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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* January, 19 65, *authorizing the joining together as husband and wife* Donald Eugene Acton *and* Myrtle Kathryn Hadley

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Everett V. Smock *hereby certify that on the* 29 *day of* January, *one thousand nine hundred and* sixty five *at* Hagelswood, *County of* Hendricks, *State of Indiana, Groom* Donald Eugene Acton *of* Hendricks *County, State of* Indiana, *and, Bride* Myrtle Kathryn 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 29 *day of* January, 19 65.

Signed Everett V. Smock
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 1 *day of* February, 19 65.

Signed John Gambold Jr. Clerk
Hendricks Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 20

File Book 28

28 January 1965
Date of Application

MALE
Medical Examination Report Dated 28 January 1965
Name of Physician Fred R. Brooks M.D.

FEMALE
Medical Examination Report Dated 28 January 1965
Name of Physician Fred R. Brooks 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 Ronald Middle — Last Williams

Date of Birth: Month October Day 1 Year 1942

Place of Birth (State or foreign country) Indianapolis, Indiana

Residence Address: Street or R. R. Ft. Benning City Ga County — State —

Previous Marital Status: Never Married ☑ Number of Previous Marriages.....

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race: White ☑ Negro ☐ Other ☐ (specify).....

Usual Occupation U.S. Army

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☑ Other (Specify) Drivers License

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☑ Yes ☐
   If answer to 3 is "yes" has the cause of such condition been removed? No ☑ Yes ☐
4. Are you afflicted with a transmissible disease? No ☑ Yes ☐
5. Are you related to the bride closer than second cousin? No ☑ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
8. Are you able to support a family? Yes ☑ No ☐
9. Are you likely to so continue? Yes ☑ No ☐
10. Do you have minor children from one or more former marriages? No ☑ Yes ☐
    (If yes, answer questions a, b, c)
    (a) List their full names, ages and addresses

Name	Age	Address

    (b) Are you supporting or contributing to their support? Yes ☐ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father Lawrence Barnett Williams
    Residence of father (if deceased so state) Brownsburg, Ind.
    Occupation of father Construction Cont. Race of father White
    Birthplace of father (State or foreign country) Kentucky
12. Full maiden name of mother Doris Muriel Brackett
    Residence of mother (if deceased so state) Brownsburg, Ind.
    Occupation of mother Housewife Race of mother White
    Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Ronald B Williams
New Address Ft. Benning, Ga

Subscribed and sworn to before me this 28 day of January, 1965.
John Gambold Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day of....., 19.....
.....Clerk

FEMALE APPLICANT

Name: First Sara Middle — Last Cannon

Date of Birth: Month June Day 9 Year 1946

Place of Birth (State or foreign country) Washington, Indiana

Residence Address: Street or R. R. 317 Green St. City Brownsburg County Hend. State Ind.

Maiden Name if Different —

Previous Marital Status: Never Married ☑ Number of Previous Marriages.....

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race: White ☑ Negro ☐ Other ☐ (specify).....

Usual Occupation Indiana Bell

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☑ Other (Specify) Drivers License

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
7. Full name of father Marion Herbert Cannon
   Residence of father (if deceased so state) Brownsburg, Ind.
   Occupation of father Real Estate Broker Race of father White
   Birthplace of father (State or foreign country) Hogan tee, Indiana
8. Full maiden name of mother Anna Lee Hughes
   Residence of mother (if deceased so state) Brownsburg, Ind.
   Occupation of mother Secretary Race of mother White
   Birthplace of mother (State or foreign country) Daviess County, Ky.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Sara Cannon
New Address Ft. Benning, Ga

Subscribed and sworn to before me this 28 day of January, 1965
John Gambold Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day 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 28 January 1965 and filed in Circuit authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the Hendricks *Circuit Court of Indiana dated the* 28 *day of* January, 1965, *authorizing the joining together as husband and wife* Ronald Williams *and* Sara Cannon

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Lester B. Yearick *hereby certify that on the* 30th *day of* January, *one thousand nine hundred and* sixty five *at* Brownsburg, *County of* Hendricks, *State of* Indiana, *Groom* Ronald B. Williams *of* Hendricks *County, State of* Indiana, *and, Bride* Sara A. Cannon *of* Hendricks *County, State of* Indiana, *were by me united 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 January, 1965. Signed Lester B. Yearick
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 3rd *day of* February, 1965
Signed John Gambold, Jr. *Clerk*
Hendricks *Circuit Court*

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Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 21

File

Jan 27, 1965
Date of Application

MALE
Medical Examination Report Dated 1-9-65
Name of Physician James Black, M.D.

FEMALE
Medical Examination Report Dated 1-9-65
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 Mickey Middle Wayne Last Schenck

Date of Birth: Month Dec. Day 9 Year 1943

Place of Birth (State or foreign country) Methodist, Indianapolis, Marion, Ind.

Residence Address: Street or R. R. Pittsboro, City Indiana, County Hendricks, State

Previous Marital Status: Never Married ☑ Number of Previous Marriages.....

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race: White ☑ Negro ☐ Other ☐ (specify).....

Usual Occupation Farmer

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree

☑ Other (Specify) Drivers License

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☑ Yes ☐
   If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☑ Yes ☐
5. Are you related to the bride closer than second cousin? No ☑ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
8. Are you able to support a family? Yes ☑ No ☐
9. Are you likely to so continue? Yes ☑ No ☐
10. Do you have minor children from one or more former marriages? No ☑ Yes ☐
    (If yes, answer questions a, b, c)
    (a) List their full names, ages and addresses

Name	Age	Address

    (b) Are you supporting or contributing to their support? Yes ☐ No ☑
    (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father Isaac Wayne Schenck
    Residence of father (if deceased so state) Pittsboro
    Occupation of father Farmer Race of father W.
    Birthplace of father (State or foreign country) Indiana
12. Full maiden name of mother Bonnetta Yetive Miller
    Residence of mother (if deceased so state) Pittsboro
    Occupation of mother Housewife Race of mother W.
    Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Mickey Wayne Schenck

New Address.....

Subscribed and sworn to before me this 29 day of Jan, 19 65

John Hamblen, Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

FEMALE APPLICANT

Name: First Penny Middle Colleen Last Ellis

Date of Birth: Month Sept Day 11 Year 1946

Place of Birth (State or foreign country) Clinton

Residence Address: Street or R. R. RR XXXXXXX, City, County, State
332 Odell St., Brownsburg, Hendricks, Ind.

Maiden Name if Different

Previous Marital Status: Never Married ☑ Number of Previous Marriages.....

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race: White ☑ Negro ☐ Other ☐ (specify).....

Usual Occupation Unemployed

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree

☐ Other (Specify).....

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
7. Full name of father Lavon Delbert Ellis
   Residence of father (if deceased so state) Brownsburg
   Occupation of father Engineer Race of father W.
   Birthplace of father (State or foreign country) Indiana
8. Full maiden name of mother Anna Elizabeth Edles
   Residence of mother (if deceased so state) Brownsburg Ind.
   Occupation of mother Housewife Race of mother W.
   Birthplace of mother (State or foreign country) Kansas

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Penny Colleen Ellis

New Address.....

Subscribed and sworn to before me this 29 day of January, 19 65

John Hamblen, Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the .....County.....Court by written order issued.....and filed in.....authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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* February, 19 65, *authorizing the joining together as husband and wife* Mickey Wayne Schenck *and* Penny Colleen Ellis

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Lester B. Yearick *hereby certify that on the* sixth *day of* February, *one thousand nine hundred and* sixty five *at* Brownsburg, *County of* Hendricks, *State of Indiana, Groom* Mickey Wayne Schenck *of* Hendricks *County, State of* Indiana, *and, Bride* Penny Colleen Ellis *of* Hendricks *County, State of* Indiana, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* Hendricks *County.*

Dated this eighth *day of* February, 19 65.

Signed Lester B. Yearick

Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 10 *day of* February, 19 65.

Signed John Hamblen, Jr. Clerk

Hendricks Circuit Court

193

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 22

File

HENDRICKS County

Jan 29 1965
Date of Application

MALE
Medical Examination Report Dated Jan 27, 1965
Name of Physician Carl L. Heinlein, M.D.

FEMALE
Medical Examination Report Dated Jan 27, 1965
Name of Physician Carl L. Heinlein, M.D.

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Dewey Middle Woodroe Last Campbell
Date of Birth: Month May Day 29 Year 1931
Place of Birth (State or foreign country) Kentucky
Residence Address: Street or R. R. RR#1 Box 82 City Danville County Hend. State Ind.
Previous Marital Status: Never Married ☒ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☒ Negro ☐ Other ☐ (specify).....
Usual Occupation Laborer
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☒ Other (Specify) Drivers License

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☒ Yes ☐
   Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
   If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☒ Yes ☐
5. Are you related to the bride closer than second cousin? No ☒ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
8. Are you able to support a family? Yes ☒ No ☐
9. Are you likely to so continue? Yes ☒ No ☐
10. Do you have minor children from one or more former marriages? No ☐ Yes ☐
    (If yes, answer questions a, b, c)
    (a) List their full names, ages and addresses

Name	Age	Address

    (b) Are you supporting or contributing to their support? Yes ☐ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father Wood Campbell
    Residence of father (if deceased so state) Hitchins, Ky.
    Occupation of father retired Race of father white
    Birthplace of father (State or foreign country) Grason, Ky.
12. Full maiden name of mother Pheba Jane Ison
    Residence of mother (if deceased so state) Grason Ky.
    Occupation of mother housewife Race of mother white
    Birthplace of mother (State or foreign country) Grason, Ky.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Dewey Campbell
New Address

Subscribed and sworn to before me this 29 day of January, 1965.
John Hanbold, Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day of....., 19.....
.....Clerk

FEMALE APPLICANT

Name: First Jacquelyn Middle Sue Last Hefley
Date of Birth: Month Jan Day 3 Year 1947
Place of Birth (State or foreign country) Columbus, Ind.
Residence Address: Street or R. R. 498 W. Clinton City Hend. Danville County State Ind.
Maiden Name if Different
Previous Marital Status: Never Married ☒ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☒ Negro ☐ Other ☐ (specify).....
Usual Occupation —
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☒ Other (Specify) School Record.

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☒ Yes ☐
   Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you afflicted with a transmissible disease? No ☒ Yes ☐
4. Are you related to the groom closer than second cousin? No ☒ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
7. Full name of father Charles S. Hefley, Sr.
   Residence of father (if deceased so state) 498 W. Clinton, Danville
   Occupation of father self-employed Race of father white
   Birthplace of father (State or foreign country) Kentucky
8. Full maiden name of mother Vernia Ellen Briddle
   Residence of mother (if deceased so state) Danville, Ind.
   Occupation of mother bookkeeper Race of mother White
   Birthplace of mother (State or foreign country) Edenburg, Ind.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Jacquelyn Sue Hefley
New Address

Subscribed and sworn to before me this 29 day of January, 1965.
John Hanbold, Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed see attached Father
Signed Vernia E. Hefley Mother
Subscribed and sworn to before me this 29 day of January, 1965.
John Hanbold, Jr. Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the .....County.....Court by written order issued.....and filed in.....authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* Hendricks *Circuit Court of Indiana dated the* 2 *day of* February, 1965, *authorizing the joining together as husband and wife* Dewey Woodroe Campbell *and* Jacquelyn Sue Hefley

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Talmage N. Haggard *hereby certify that on the* 2nd *day of* February, *one thousand nine hundred and* sixty five *at* Danville, *County of* Hendricks, *State of Indiana, Groom* Dewey Woodroe Campbell *of* Carter *County, State of* Kentucky *and, Bride* Jacquelyn Sue Hefley *of* Hendricks *County, State of* Indiana, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* ..... *County.*

Dated this 2nd *day of* February, 1965.

Signed Talmage N. Haggard
Official Designation Minister, Nazarene

Filed and recorded in accordance with the laws of the State of Indiana this 4th *day of* February, 1965.

Signed John Hanbold Jr. Clerk
Hendricks Circuit Court

193

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 22

File

HENDRICKS County

Jan 29 1965
Date of Application

MALE
Medical Examination Report Dated Jan 27, 1965
Name of Physician Carl L. Heinlein, M.D.

FEMALE
Medical Examination Report Dated Jan 27, 1965
Name of Physician Carl L. 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				FEMALE APPLICANT			
Name	First	Middle	Last	Name	First	Middle	Last
	D				Jacquelyn	Sue	Hefley
Date of Birth				Date of Birth			
Place of Birth				Place of Birth			
Residence				Residence			
Previous				Previous			
Last M				Last M			
Color				Color			
Use				Use			
Dat				Dat			

Charles L Hefley do hereby give my consent for marriage of my daughter to Dewey Campbell.

Charles L Hefley

State of Indiana, County of Hendricks:

Before me, the undersigned Notary Public, this 29th day of January, 1965 Charles L Hefley acknowledged the above statement:

My commission expires August 14, 1965. Edward A Stevenson
Notary Public

FILED
JAN 29 1965
John Hamblet Jr.
CIRCUIT COURT
CLERK HENDRICKS COUNTY
INDIANA

Be It Remembered, there was [illegible] issued by the clerk of the Hendricks Circuit Court of Indiana dated the 2 day of February, 1965, authorizing the joining together as husband and wife Dewey Woodroe Campbell and Jacquelyn Sue Hefley

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Talmage N. Haggard hereby certify that on the 2nd day of February, one thousand nine hundred and sixty five at Danville, County of Hendricks, State of Indiana, Groom Dewey Woodroe Campbell of Carter County, State of Kentucky and, Bride Jacquelyn Sue Hefley of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of [illegible] County.

Dated this 2nd day of February, 1965.

Signed Talmage N. Haggard
Official Designation Minister, Nazarene

Filed and recorded in accordance with the laws of the State of Indiana this 4th day of February, 1965.

Signed John Hamblet Jr. Clerk
Hendricks Circuit Court

194

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 23
File Book 28
30 January 1965
Date of Application

MALE
Medical Examination Report Dated 25 January 1965
Name of Physician David S. Haggard MD

FEMALE
Medical Examination Report Dated 26 January 1965
Name of Physician Wm K. McGarvey 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 Marvin Middle E. Last Woods
Date of Birth: Month July Day 24 Year 1945
Place of Birth (State or foreign country) Evansville, Indiana
Residence Address: Street or R. R. R2 Kimberly Lane City Plainfield County Hend. State Ind.
Previous Marital Status: Never Married ☑ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify).....
Usual Occupation Painter
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☑ Other (Specify) Draft Registration

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☑ Yes ☐
   If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☑ Yes ☐
5. Are you related to the bride closer than second cousin? No ☑ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
8. Are you able to support a family? Yes ☑ No ☐
9. Are you likely to so continue? Yes ☑ No ☐
10. Do you have minor children from one or more former marriages? No ☐ Yes ☐
    (If yes, answer questions a, b, c)
    (a) List their full names, ages and addresses
    Name Age Address
    (b) Are you supporting or contributing to their support? Yes ☐ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father Clarence Woods,
    Residence of father (if deceased so state) Evansville, Ind.
    Occupation of father Carpenter Race of father White
    Birthplace of father (State or foreign country) Evansville, Ind.
12. Full maiden name of mother Clora Belle Husk
    Residence of mother (if deceased so state) Evansville, Ind
    Occupation of mother Housewife Race of mother White
    Birthplace of mother (State or foreign country) Kentucky

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.
Signed Marvin Woods
New Address Mooresville, Ind
Subscribed and sworn to before me this 30 day of January, 1965
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, County of HENDRICKS } ss:
Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day of....., 19.....
.....Clerk

FEMALE APPLICANT

Name: First Ronnie Middle Lee Last Trent
Date of Birth: Month October Day 18, Year 1946
Place of Birth (State or foreign country) Indianapolis, Ind.
Residence Address: Street or R. R. R1 Box 218 City Pittsboro County Hend. State Indiana
Maiden Name if Different —
Previous Marital Status: Never Married ☑ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify).....
Usual Occupation Unemployed
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify).....

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
7. Full name of father Marshall Trent
   Residence of father (if deceased so state) Pittsboro, Ind
   Occupation of father Machinist GMC Race of father White
   Birthplace of father (State or foreign country) Kentucky
8. Full maiden name of mother Bertha Ellen Cobb
   Residence of mother (if deceased so state) Pittsboro, Ind.
   Occupation of mother Housewife Race of mother White
   Birthplace of mother (State or foreign country) Kentucky

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.
Signed Ronnie Lee Trent
New Address Mooresville, Ind.
Subscribed and sworn to before me this 30 day of January, 19 65
John Gambold Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:
Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day of....., 19.....
.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the .....County.....Court by written order issued.....and filed in.....authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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 February, 19 65, authorizing the joining together as husband and wife Marvin E. Woods and Ronnie Lee Trent.
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, O. I. Hancock hereby certify that on the 4th day of February, one thousand nine hundred and sixty five at Plainfield, County of Hendricks, State of Indiana, Groom Marvin Earl Woods of Hendricks County, State of Indiana, and, Bride Ronnie Lee Trent of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of Hendricks County.
Dated this 4th day of February, 1965.

Signed O. I. Hancock
Official Designation Justice of the Peace

Filed and recorded in accordance with the laws of the State of Indiana this 8 day of February, 1965.
Signed John Gambold, Jr. Clerk
Hendricks Circuit Court

TO WHOM IT MAY CONCERN:

We, the undersigned do here by give our consent for our son, Marvin Earl Woods, to secure a Marriage License.

Clara B Woods (Mother)

Clarence Woods (Father)

Sworn to before me this 31st day of January, 1965

Edith M. Johnson

Edith M. Johnson, Notary Public
My commission expires April 19, 1965

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been removed? No Yes

4. Are you afflicted with a transmissible disease? No Yes
5. Are you related to the bride closer than second cousin? No Yes
6. Are you now under the influence of intoxicating liquor? No Yes
7. Are you now under the influence of a narcotic drug? No Yes
8. Are you able to support a family? Yes No
9. Are you likely to so continue? Yes No
10. Do you have minor children from one or more former marriages? No Yes
(If yes, answer questions a, b, c)
(a) List their full names, ages and addresses

Name Age Address

(b) Are you supporting or contributing to their support? Yes No
(c) Are you complying with any court order or orders issued for their support? Yes No

11. Full name of father Clarence Woods,
Residence of father (if deceased so state) Evansville, Ind
Occupation of father Carpenter Race of father White
Birthplace of father (State or foreign country) Evansville, Ind.
12. Full maiden name of mother Clora Belle Husk
Residence of mother (if deceased so state) Evansville, Ind
Occupation of mother Housewife Race of mother White
Birthplace of mother (State or foreign country) Kentucky

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Marvin Woods
New Address Mooresville, Ind
Subscribed and sworn to before me this 30 day of January, 19 65
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, County of HENDRICKS } ss:

Signed Father
Signed Mother
Subscribed and sworn to before me this day of , 19
Clerk

you been adjudged, diagnosed or considered as:

An imbecile? No Yes
Of Unsound Mind? No Yes
2. Are you under guardianship as a person of unsound mind? No Yes
3. Are you afflicted with a transmissible disease? No Yes
4. Are you related to the groom closer than second cousin? No Yes
5. Are you now under the influence of intoxicating liquor? No Yes
6. Are you now under the influence of a narcotic drug? No Yes
7. Full name of father Marshall Trent
Residence of father (if deceased so state) Pittsboro, Ind
Occupation of father Machinist GMC Race of father White
Birthplace of father (State or foreign country) Kentucky
8. Full maiden name of mother Bertha Ellen Cobb
Residence of mother (if deceased so state) Pittsboro, Ind.
Occupation of mother Housework Race of mother white
Birthplace of mother (State or foreign country) Kentucky

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Ronnie Lee Trent
New Address Mooresville, Ind.
Subscribed and sworn to before me this 30 day of January, 19 65
John Gambold Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed Father
Signed Mother
Subscribed and sworn to before me this day of , 19
Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the County Court by written order issued and filed in authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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 February, 19 65, authorizing the joining together as husband and wife Marvin E. Woods and Ronnie Lee Trent.

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, O. I. Hancock hereby certify that on the 4th day of February, one thousand nine hundred and sixty five at Plainfield, County of Hendricks, State of Indiana, Groom Marvin Earl Woods of Hendricks County, State of Indiana, and, Bride Ronnie Lee Trent of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of Hendricks County.

Dated this 4th day of February, 1965.

Signed O. I. Hancock
Official Designation Justice of the Peace

Filed and recorded in accordance with the laws of the State of Indiana this 8 day of February, 1965.

Signed John Gambold, Jr. Clerk
Hendricks Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 24
File Book - 28
1-2-65
Date of Application

MALE
Medical Examination Report Dated 1-25-1965
Name of Physician David B. Haggard

FEMALE
Medical Examination Report Dated 1-25-1965
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 Lawrence Middle Lou Last Price
Date of Birth: Month September Day 16 Year 1943
Place of Birth (State or foreign country)
Residence Address: 1303 Buchanan St, Plainfield, Hendricks County, Ind. State
Sullivan, Ind.
Previous Marital Status: Never Married ☑ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify).....
Usual Occupation: Assistant Store Manager
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) Drivers License

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☑ Yes ☐
   If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☑ Yes ☐
5. Are you related to the bride closer than second cousin? No ☑ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
8. Are you able to support a family? Yes ☑ No ☐
9. Are you likely to so continue? Yes ☑ No ☐
10. Do you have minor children from one or more former marriages? No ☑ Yes ☐
    (If yes, answer questions a, b, c)
    (a) List their full names, ages and addresses

Name	Age	Address

    (b) Are you supporting or contributing to their support? Yes ☐ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father Rep Price
    Residence of father (if deceased so state) 303 E. Buchanan, Plainfield
    Occupation of father Sales Manager Race of father W
    Birthplace of father (State or foreign country) Indiana
12. Full maiden name of mother Dorothy Margaret Witt
    Residence of mother (if deceased so state) 303 E. Buchanan, Plainfield
    Occupation of mother Housewife Race of mother W
    Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.
Signed Laurence Lou Price
New Address.....
Subscribed and sworn to before me this 2 day of Feb, 1965.
John Hanbold, Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:
Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day of....., 19.....
.....Clerk

FEMALE APPLICANT

Name: First Charlene Middle Christine Last Perry
Date of Birth: Month July Day 11 Year 1943
Place of Birth (State or foreign country) Indianapolis
Residence Address: 830 South Holt Road, Indianapolis, Marion County, State
Maiden Name if Different
Previous Marital Status: Never Married ☑ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify).....
Usual Occupation Cashier
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) Drivers License

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
7. Full name of father Carroll Fredrick Perry
   Residence of father (if deceased so state) Meter Rd. Indianapolis
   Occupation of father Draftsman Race of father W
   Birthplace of father (State of foreign country) Indiana
8. Full maiden name of mother Irene Louise Reisner
   Residence of mother (if deceased so state) 830 S. Holt Rd. Indianapolis
   Occupation of mother Beautician Race of mother W
   Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.
Signed Charlene Christine Perry
New Address.....
Subscribed and sworn to before me this 2 day of Feb, 19 65.
John Hanbold, Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:
Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day of....., 19.....
.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the .....County.....Court by written order issued.....and filed in.....authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* Hendricks *Circuit Court of Indiana dated the* 2 *day of* February, 19 65, *authorizing the joining together as husband and wife* Lawrence Lou Price *and* Charlene Christine Perry.

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Rev. Donald Coakley *hereby certify that on the* sixth *day of* February, *one thousand nine hundred and* sixty five *at* Plainfield, *County of* Hendricks, *State of Indiana, Groom* Lawrence Lou Price *of* Hendricks *County, State of* Indiana, *and, Bride* Charlene Christine 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* ..... *County.*

Dated this 6th *day of* February, 1965.

Signed Rev. Donald Coakley
Official Designation Catholic Priest

Filed and recorded in accordance with the laws of the State of Indiana this 10 *day of* February, 19 65.

Signed John Hanbold, Jr. *Clerk*
Hendricks *Circuit Court*

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Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 25
File Book - 28
2-1-65
Date of Application

MALE
Medical Examination Report Dated January 22, 1965
Name of Physician W. C. Stafford M.D.

FEMALE
Medical Examination Report Dated January 22, 1965
Name of Physician W. C. Stafford 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 Lawrence Stamper (First Middle Last)
Date of Birth: May 10 1942 (Month Day Year)
Place of Birth (State or foreign country): Indiana
Residence Address: 702 Roosevelt St. Plainfield Hendricks Ind (Street or R. R. City County State)
Previous Marital Status: Never Married ☑ Number of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify)
Usual Occupation: Factory employed
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify)

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☑ Yes ☐
   If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☑ Yes ☐
5. Are you related to the bride closer than second cousin? No ☑ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
8. Are you able to support a family? Yes ☑ No ☐
9. Are you likely to so continue? Yes ☑ No ☐
10. Do you have minor children from one or more former marriages? No ☐ Yes ☐
    (If yes, answer questions a, b, c)
    (a) List their full names, ages and addresses
    Name Age Address
    (b) Are you supporting or contributing to their support? Yes ☐ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father: Lawrence Stamper
    Residence of father (if deceased so state): 2908 7th St. West - Fla
    Occupation of father: Retired Race of father: W
    Birthplace of father (State or foreign country): Kentucky
12. Full maiden name of mother: Ruth Sclanan
    Residence of mother (if deceased so state): Indiana
    Occupation of mother: Stenographer Race of mother: W
    Birthplace of mother (State or foreign country): Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.
Signed X David Lawrence Stamper
New Address
Subscribed and sworn to before me this ..... day of ....., 19.....
..... Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:
Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day of ....., 19.....
..... Clerk

FEMALE APPLICANT

Name: Janet Ann Brown (First Middle Last)
Date of Birth: November 10 1944 (Month Day Year)
Place of Birth (State or foreign country): Texas
Residence Address: 2929 E. Cameron (Street or R. R. City County State)
Maiden Name if Different
Previous Marital Status: Never Married ☑ Number of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify)
Usual Occupation: File clerk
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify)

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
7. Full name of father: John Everett Brown
   Residence of father (if deceased so state): Indianapolis, Indiana
   Occupation of father: Factory worker Race of father: W
   Birthplace of father (State or foreign country): Indiana
8. Full maiden name of mother: Ann Mary Dunn
   Residence of mother (if deceased so state): Indiana
   Occupation of mother: Factory worker Race of mother: W
   Birthplace of mother (State or foreign country): Kentucky

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.
Signed X Janet Ann Brown
New Address
Subscribed and sworn to before me this 1 day of February, 1965.
John Gambold, Jr Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:
Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day of ....., 19.....
..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the ..... County in ..... Court by written order issued ..... and filed ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the Hendricks Circuit Court of Indiana dated the 5 day of February, 1965., authorizing the joining together as husband and wife David Lawrence Stamper and Janet Ann Brown
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Norman H. Schultz hereby certify that on the 13 day of February, one thousand nine hundred and sixty five at Indianapolis, County of Marion, State of Indiana, Groom David Lawrence Stamper of Hendricks County, State of Indiana, and, Bride Janet Ann Brown 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 13 day of February, 1965.

Signed Norman H. Schultz
Official Designation Clergyman

Filed and recorded in accordance with the laws of the State of Indiana this 17 day of February, 1965.
Signed John Gambold, Jr Clerk
Hendricks Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 26
File Book 25
Feb 3 - 1965
Date of Application

MALE
Medical Examination Report Dated Feb 2 - 1965
Name of Physician W C Stafford M D.

FEMALE
Medical Examination Report Dated Feb 2 - 1965
Name of Physician W C Stafford M D.

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Robert Middle Jackson Last Modglin
Date of Birth: Month July Day 22 Year 1944
Place of Birth (State or foreign country): Wilmore Kentucky.
Residence Address: Street or R. R. RR 2 Box 178 City Indpls 31 County Hendricks State Ind.
Previous Marital Status: Never Married ☑ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify).....
Usual Occupation: Armed Forces.
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) Identification Service Card

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☑ Yes ☐
   If answer to 3 is "yes" has the cause of such condition been removed? No ☑ Yes ☐
4. Are you afflicted with a transmissible disease? No ☑ Yes ☐
5. Are you related to the bride closer than second cousin? No ☑ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
8. Are you able to support a family? Yes ☑ No ☐
9. Are you likely to so continue? Yes ☐ No ☐
10. Do you have minor children from one or more former marriages? No ☐ Yes ☐
    (If yes, answer questions a, b, c)
    (a) List their full names, ages and addresses

Name	Age	Address

    (b) Are you supporting or contributing to their support? Yes ☐ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father Charles W. Modglin.
    Residence of father (if deceased so state) Indpls 31 - R 2
    Occupation of father laborer Race of father W.
    Birthplace of father (State or foreign country) Indianapolis Ind.
12. Full maiden name of mother Thelma May Lee
    Residence of mother (if deceased so state) Indpls 31 - R-2
    Occupation of mother housewife Race of mother W.
    Birthplace of mother (State or foreign country) Louisville Ky

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.
Signed Robert Jackson Modglin
New Address.....
Subscribed and sworn to before me this 3 day of Feb, 19 65
John Gambold Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:
Signed Charles W Modglin Father
Signed Thelma May Modglin Mother
Subscribed and sworn to before me this 3 day of Feb, 19 65
John Gambold Jr Clerk

FEMALE APPLICANT

Name: First Janet Middle Marie Last Wilbur
Date of Birth: Month November Day 2 Year 1946.
Place of Birth (State or foreign country): Biloxi Mississippi
Residence Address: Street or R. R. RR 2 Box 178 City Indpls 31 County Hendricks State Ind.
Maiden Name if Different
Previous Marital Status: Never Married ☑ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify).....
Usual Occupation unemployed.
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) Identification Card - Armed Services

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
7. Full name of father (Father) George Milton Andrews
   Residence of father (if deceased so state) Acton Wesley Wilbur unknown.
   Occupation of father..... Race of father W.
   Birthplace of father (State or foreign country) unknown
8. Full maiden name of mother Mildred Williams
   Residence of mother (if deceased so state) 3401 Q - Whiteman Dr. Omaha Nebraska.
   Occupation of mother Base Exchange Race of mother W.
   Birthplace of mother (State or foreign country) Biloxi Miss.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.
Signed Janet Marie Wilbur
New Address.....
Subscribed and sworn to before me this 3 day of Feb, 19 65
John Gambold Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:
Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day 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 2/3/65 and filed in Superior Court authorizes and directs the issuance of a marriage license to the above named parties. Zoda Warner Serviceman

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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 February, 19 65, authorizing the joining together as husband and wife Robert Jackson Modglin and Janet Marie Wilbur
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Clayton Fields hereby certify that on the 6 th day of February, one thousand nine hundred and sixty five at Center Friends Church, County of Hendricks, State of Indiana of Hendricks County, State of Indiana, Groom Robert J Modglin of Hendricks County, State of Indiana, and, Bride Janet M Wilbur were by me united 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 February, 19 65.

Signed Clayton Fields
Official Designation Minister
Filed and recorded in accordance with the laws of the State of Indiana this 16 day of February, 19 65.
Signed John Gambold Jr Clerk
Hendricks Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 27
File Book 28
5 February 1965
Date of Application

MALE
Medical Examination Report Dated 1 February 1965
Name of Physician James Black M.D.

FEMALE
Medical Examination Report Dated 1 February 1965
Name of Physician James Black MD

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First David Middle Lee Last Upton
Date of Birth: Month December Day 6 Year 1945
Place of Birth (State or foreign country): Grosville, DeKalb Co. Alabama
Residence Address: Street or R. R. Pittsboro City Hend. County Ind. State
Previous Marital Status: Never Married ☑ Number of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify)
Usual Occupation: Factory Work
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree ☑ Other (Specify) Verification of Birth Record form

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☑ Yes ☐
   If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☑ Yes ☐
5. Are you related to the bride closer than second cousin? No ☑ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
8. Are you able to support a family? Yes ☑ No ☐
9. Are you likely to so continue? Yes ☑ No ☐
10. Do you have minor children from one or more former marriages? No ☐ Yes ☐
    (If yes, answer questions a, b, c)
    (a) List their full names, ages and addresses
    Name Age Address
    (b) Are you supporting or contributing to their support? Yes ☐ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father Charles B. Upton
    Residence of father (if deceased so state) Pittsboro
    Occupation of father Welder Race of father white
    Birthplace of father (State or foreign country) Grove Oak, Ala
12. Full maiden name of mother Kathleen Drain
    Residence of mother (if deceased so state) Pittsboro
    Occupation of mother Factory worker Race of mother White
    Birthplace of mother (State or foreign country) Crossville, Ala

State of Indiana,
County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed David L. Upton
New Address Pittsboro, Indiana
Subscribed and sworn to before me this 5 day of Febrvay, 1965
John Gambold Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana,
County of HENDRICKS } ss:
Signed Charles B. Upton Father
Signed Kathleen Upton Mother
Subscribed and sworn to before me this 5 day of Febrvay, 1965
John Gambold Jr. Clerk

FEMALE APPLICANT

Name: First Donna Middle Rae Last McClellan
Date of Birth: Month September Day 16 Year 1949
Place of Birth (State or foreign country): Indianapolis, Indiana
Residence Address: Street or R. R. RR1 City Pittsboro County Hend. State Ind.
Maiden Name If Different —
Previous Marital Status: Never Married ☑ Number of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify)
Usual Occupation: Unemployed
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree ☐ Other (Specify)

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
7. Full name of father Herbert Earnest McClellan
   Residence of father (if deceased so state) RR1, Pittsboro, Ind.
   Occupation of father Lathe operator Race of father White
   Birthplace of father (State or foreign country) New Albany Ind.
8. Full maiden name of mother Edith Bernice Sawyer
   Residence of mother (if deceased so state) RR1, Pittsboro, Ind.
   Occupation of mother Factory worker Race of mother White
   Birthplace of mother (State or foreign country) Delavan, Ill.

State of Indiana,
County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Donna McClellan
New Address Pittsboro, Indiana
Subscribed and sworn to before me this 5 day of Febrvay, 1965
John Gambold Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana,
County of HENDRICKS } ss:
Signed Herbert E McClellan Father
Signed Edith B. McClellan Mother
Subscribed and sworn to before me this 5 day of Febrvay, 1965
John Gambold Jr. 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 in Circuit authorizes and directs the issuance of a marriage license to the above named parties. 5 February 1965 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 5 day of Febrvy, 1965, authorizing the joining together as husband and wife David Lee Upton and Donna Rae McClellan
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Phillip D. Drew hereby certify that on the Sixth day of February, one thousand nine hundred and sixty five, State of Indiana, Groom David Lee Upton at Pittsboro, County of Hendricks, and, Bride Donna Rae McClellan of Hendricks County, State of Indiana, were by 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 6th day of February, 19 65.

Signed Rev. Phillip D. Drew
Official Designation Pastor, Pittsboro Methodist Church

Filed and recorded in accordance with the laws of the State of Indiana this 8 day of February, 19 65.

Signed John Gambold Jr. Clerk
Hendricks Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

No. 28

HENDRICKS County

File Book 28

5 February 1965
Date of Application

MALE
Medical Examination Report Dated 30 January 1965
Name of Physician Lloyd Terry M.D.

FEMALE
Medical Examination Report Dated 30 January 1965
Name of Physician Lloyd Terry M.D.

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Robert Middle Francis Last Edmondson

Date of Birth: Month Febru Day 21 Year 1925

Place of Birth (State or foreign country) Clayton, Indiana

Residence Address: Street or R. R. RR1 City Clayton County Hend. State Ind.

Previous Marital Status: Never Married ☑ Number of Previous Marriages.....

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race: White ☑ Negro ☐ Other ☐ (specify).....

Usual Occupation Farmer

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☑ Other (Specify) Drivers License

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☑ Yes ☐
   If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☑ Yes ☐
5. Are you related to the bride closer than second cousin? No ☑ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
8. Are you able to support a family? Yes ☑ No ☐
9. Are you likely to so continue? Yes ☑ No ☐
10. Do you have minor children from one or more former marriages? No ☐ Yes ☐
    (If yes, answer questions a, b, c)
    (a) List their full names, ages and addresses

Name	Age	Address

    (b) Are you supporting or contributing to their support? Yes ☐ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father C. Samuel Edmondson
    Residence of father (if deceased so state) Deceased
    Occupation of father — Race of father White
    Birthplace of father (State or foreign country) Hazlewood
12. Full maiden name of mother Ruth Martin
    Residence of mother (if deceased so state) Deceased
    Occupation of mother — Race of mother White
    Birthplace of mother (State or foreign country) Cartersburg.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Robert Francis Edmondson
New Address RR1 Clayton, Indiana
Subscribed and sworn to before me this 5 day of Febru, 1965
John Gambold Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day of....., 19.....
.....Clerk

FEMALE APPLICANT

Name: First Rosemary Middle Last Rochat

Date of Birth: Month May Day 18 Year 1923

Place of Birth (State or foreign country) North Madison, Indiana

Residence Address: Street or R. R. 316 Brookside Lane City Plainfield County Hend. State Ind.

Maiden Name if Different —

Previous Marital Status: Never Married ☑ Number of Previous Marriages.....

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race: White ☑ Negro ☐ Other ☐ (specify).....

Usual Occupation Secretary

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☑ Other (Specify) Drivers licens

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
7. Full name of father Wallace O. Rochat
   Residence of father (if deceased so state) Deceased
   Occupation of father — Race of father white
   Birthplace of father (State or foreign country) Patriot, Indiana
8. Full maiden name of mother Mary Lee
   Residence of mother (if deceased so state) 316 Brookside Plainfield, Ind.
   Occupation of mother Retired Race of mother White
   Birthplace of mother (State or foreign country) Fairview, Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Rosemary Rochat
New Address RR1 Clayton, Indiana
Subscribed and sworn to before me this 5 day of Febru, 1965
John Gambold Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day of....., 19.....
.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the .....County.....Court by written order issued.....and filed in.....authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, *there was filed in my office a marriage license issued by the clerk of the* Hend. *Circuit Court of Indiana, dated the* 10 *day of* February, 19 65, *authorizing the joining together as husband and wife* Robert Francis Edmondson *and* Rosemary Rochat

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Leif Edward Erickson *hereby certify that on the* 21st *day of* February, *one thousand nine hundred and* sixty five *at* Clayton, *County of* Hendricks, *State of Indiana, Groom* Robert Francis Edmundson *of* Hendricks *County, State of* Indiana, *and, Bride* Rosemary Rochat *of* Hendricks *County, State of* Indiana, *were by me united 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* February, 19 65.

Signed Leif Edward Erickson
Official Designation Pastor, Presbyterian Church

Filed and recorded in accordance with the laws of the State of Indiana this 24th *day of* February, 19 65

Signed John Gambold Jr. *Clerk*
Hendricks *Circuit Court*

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 29

File

Feb 6 1965
Date of Application

MALE
Medical Examination Report Dated 1-29-65
Name of Physician C. H. Kern, M.D.

FEMALE
Medical Examination Report Dated 1-29-65
Name of Physician C. H. Kern, M.D.

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First John Middle Leroy Last Munn

Date of Birth: Month June Day 8 Year 1943

Place of Birth (State or foreign country) Phillips, Indiana

Residence Address: Street or R. R. RR#8 Box 425 City Indianapolis 31 County Marion State Ind.

Previous Marital Status: Never Married ☒ Number of Previous Marriages.....

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race: White ☒ Negro ☐ Other ☐ (specify).....

Usual Occupation aircraft mechanic

Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree

☐ Other (Specify).....

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☒ Yes ☐
   Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☒ Yes ☐
   If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☒ Yes ☐
5. Are you related to the bride closer than second cousin? No ☒ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
8. Are you able to support a family? Yes ☒ No ☐
9. Are you likely to so continue? Yes ☒ No ☐
10. Do you have minor children from one or more former marriages? No ☒ Yes ☐
    (If yes, answer questions a, b, c)
    (a) List their full names, ages and addresses
    Name Age Address
    .....
    .....
    .....
    (b) Are you supporting or contributing to their support? Yes ☐ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father Conrad Robert Munn
    Residence of father (if deceased so state) Phillips 31, Ind - Hendricks Co
    Occupation of father truck driver Race of father white
    Birthplace of father (State or foreign country) Indiana
12. Full maiden name of mother Edna Fern Day Fur
    Residence of mother (if deceased so state) Phillips 31, Ind - Hendricks Co.
    Occupation of mother housewife Race of mother white
    Birthplace of mother (State or foreign country) Indiana

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

X Signed John L. Munn

New Address.....

Subscribed and sworn to before me this 6 day of February 1965

John Gambold, Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

.....

.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

FEMALE APPLICANT

Name: First Nancy Middle Ann Last McClain

Date of Birth: Month April Day 14 Year 1943

Place of Birth (State or foreign country) Phillips Ind.

Residence Address: Street or R. R. RR#1 City Danville, Ind. County Hendricks Ind.

Maiden Name if Different

Previous Marital Status: Never Married ☒ Number of Previous Marriages.....

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race: White ☒ Negro ☐ Other ☐ (specify).....

Usual Occupation Dental Hygienist

Date of birth verified by: ☒ Birth Cert. ☐ Judicial Decree

☒ Other (Specify) Voter's registration

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☒ Yes ☐
   Of Unsound Mind? No ☒ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☒ Yes ☐
3. Are you afflicted with a transmissible disease? No ☒ Yes ☐
4. Are you related to the groom closer than second cousin? No ☒ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☒ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☒ Yes ☐
7. Full name of father Adrian Portues McClain
   Residence of father (if deceased so state) RR#1 Danville, Ind.
   Occupation of father Drygrade Race of father White
   Birthplace of father (State or foreign country) Danville, Ind.
8. Full maiden name of mother Mary Louise Dooley
   Residence of mother (if deceased so state) RR#1 Danville Ind.
   Occupation of mother housewife Race of mother White
   Birthplace of mother (State or foreign country) New Orleans, Ind.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

X Signed Nancy McClain

New Address.....

Subscribed and sworn to before me this 6 day of February 1965

John Gambold, Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

.....

.....

.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the.....County.....Court by written order issued.....and filed in.....authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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 February, 19 65, authorizing the joining together as husband and wife John Leroy Munn and Nancy Ann McClain

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Edward L. Bennett hereby certify that on the 14th day of February one thousand nine hundred and sixty five at Bartletts Chapel Methodist Church, County of Hendricks, State of Indiana, Groom John L Munn of Hendricks County, State of Indiana, and, Bride Nancy Ann 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 14th day of February, 19 65.

Signed Edward L. Bennett

Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 17 day of February, 19 65.

Signed John Gambold, Jr. Clerk

Hendricks Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 30

File Book 28

6 February 1965
Date of Application

MALE
Medical Examination Report Dated 4 February 1965
Name of Physician James Black M.D.

FEMALE
Medical Examination Report Dated 4 February 1965
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 John Middle S. Last Kidwell

Date of Birth: Month July Day 17 Year 1942

Place of Birth (State or foreign country) Indianapolis, Indiana

Residence Address: Street or R. R. 439 Enderly City Brownsburg County Hend. State Ind.

Previous Marital Status: Never Married ☑ Number of Previous Marriages.....

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race: White ☑ Negro ☐ Other ☐ (specify).....

Usual Occupation: Allison Div GMC.

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☑ Other (Specify) Drivers License

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☑ Yes ☐
   If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☑ Yes ☐
5. Are you related to the bride closer than second cousin? No ☑ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
8. Are you able to support a family? Yes ☑ No ☐
9. Are you likely to so continue? Yes ☑ No ☐
10. Do you have minor children from one or more former marriages? No ☐ Yes ☐
    (If yes, answer questions a, b, c)
    (a) List their full names, ages and addresses

Name	Age	Address

    (b) Are you supporting or contributing to their support? Yes ☐ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father Benjamin Franklin Kidwell
    Residence of father (if deceased so state) Brownsburg, Ind.
    Occupation of father Electrician Race of father White
    Birthplace of father (State or foreign country) Bethlehem, Ind.
12. Full maiden name of mother Mary Elizabeth Harmon
    Residence of mother (if deceased so state) Same
    Occupation of mother Housewife Race of mother White
    Birthplace of mother (State or foreign country) Greenwood, Ind.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed John S. Kidwell

New Address Brownsburg, Ind.

Subscribed and sworn to before me this 6 day of February, 1965.

John Gambold Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

FEMALE APPLICANT

Name: First Peggy Middle Delores Last Leak

Date of Birth: Month November Day 16 Year 1944

Place of Birth (State or foreign country) Indianapolis Indiana

Residence Address: Street or R. R. 421 E. College City Brownsburg County Hend. State Ind.

Maiden Name if Different —

Previous Marital Status: Never Married ☑ Number of Previous Marriages.....

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race: White ☑ Negro ☐ Other ☐ (specify).....

Usual Occupation: IBM. operator.

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☑ Other (Specify) Drivers License

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
7. Full name of father John Mack Leak
   Residence of father (if deceased so state) Brownsburg, Ind.
   Occupation of father Ref & Air Cond. Race of father White
   Birthplace of father (State or foreign country) Danville, Ill.
8. Full maiden name of mother Hazel Lucille Wilder
   Residence of mother (if deceased so state) Same
   Occupation of mother Housewife Race of mother White
   Birthplace of mother (State or foreign country) Morristown, Tenn.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Peggy Delores Leak

New Address Same

Subscribed and sworn to before me this 6 day of February, 1965.

John Gambold Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the.....County.....Court by written order issued.....and filed in.....authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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* February, 19 65, *authorizing the joining together as husband and wife* John S. Kidwell *and* Peggy Delores Leak

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Lester B. Yearick *hereby certify that on the* 20th *day of* February, *one thousand nine hundred and* sixty five *at* Brownsburg, *County of* Hendricks, *State of Indiana, Groom* John S. Kidwell *of* Hendricks *County, State of* Indiana, *and, Bride* Peggy D. Leak *of* Hendricks *County, State of* Indiana, *were by me united 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* February, 19 65.

Signed Lester B. Yearick

Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 23rd *day of* February, 19 65.

Signed John Gambold, Jr. *Clerk* Hendricks *Circuit Court*

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 31
File Book 28
8 February 1965
Date of Application

MALE
Medical Examination Report Dated 4 February 1965
Name of Physician J.P. Worley M.D.

FEMALE
Medical Examination Report Dated 4 February 1965
Name of Physician J.P. Worley 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 Michael Last Lowery
Date of Birth: Month October Day 27 Year 1943
Place of Birth (State or foreign country) Indianapolis, Indiana
Residence Address: Street or R.R. Route 8 Box 303 City Indianapolis County Hend. State Ind.
Previous Marital Status: Never Married ☑ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify).....
Usual Occupation Machinist
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☑ Other (Specify) Naval Reserve identification

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☑ Yes ☐
   If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☑ Yes ☐
5. Are you related to the bride closer than second cousin? No ☑ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
8. Are you able to support a family? Yes ☑ No ☐
9. Are you likely to so continue? Yes ☑ No ☐
10. Do you have minor children from one or more former marriages? No ☑ Yes ☐
    (If yes, answer questions a, b, c)
    (a) List their full names, ages and addresses

    Name Age Address

    (b) Are you supporting or contributing to their support? Yes ☐ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father Paul Raymond Lowery
    Residence of father (if deceased so state) Avon, Indiana
    Occupation of father tool grinder Race of father white
    Birthplace of father (State or foreign country) Indianapolis, Indiana
12. Full maiden name of mother Sylvia Marguerite Creek Lowery
    Residence of mother (if deceased so state) Avon, Indiana
    Occupation of mother Housewife Race of mother white
    Birthplace of mother (State or foreign country) Indianapolis

State of Indiana,
County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed James M. Lowery
New Address 1532 E. Raymond, Indpls.
Subscribed and sworn to before me this 8 day of February, 19 65
John Gambold Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana,
County of HENDRICKS } ss:

Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day of....., 19.....
.....Clerk

FEMALE APPLICANT

Name: First Shirley Middle Faye Last Reifeis
Date of Birth: Month July Day 18 Year 1943
Place of Birth (State or foreign country) Indianapolis Indiana
Residence Address: Street or R.R. 1532 E Raymond City Indianapolis County Marion State Ind.
Maiden Name if Different Shirley Faye Farno
Previous Marital Status: Never Married ☐ Number of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify).....
Usual Occupation Unemployed.
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify).....

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
7. Full name of father Reuben Wilhelm Farno
   Residence of father (if deceased so state) Deceased
   Occupation of father – Race of father white
   Birthplace of father (State or foreign country) Ohio
8. Full maiden name of mother Shirley Lorraine Brown
   Residence of mother (if deceased so state) Indianapolis, Ind.
   Occupation of mother Secretary Race of mother white
   Birthplace of mother (State or foreign country) Indianapolis

State of Indiana,
County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Shirley Faye Reifeis
New Address Farno
Subscribed and sworn to before me this 8 day of February, 19 65
John Gambold Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana,
County of HENDRICKS } ss:

Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day of....., 19.....
.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the.....County.....Court by written order issued.....and filed in.....authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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 February, 1965, authorizing the joining together as husband and wife James Michael Lowery and Shirley Faye Reifeis
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Reed E. Beard hereby certify that on the 12th day of February, one thousand nine hundred and sixty five at Indianapolis, County of Marion, State of Indiana, Groom James Michael Lowery of Hendricks County, State of Indiana, and, Bride Shirley Faye Reifeis 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 12th day of February, 19 65.

Signed Reed E. Beard
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 19 day of February, 1965.
Signed John Gambold Jr. Clerk
Hendricks Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 32
File Book 28
9 February 1965
Date of Application

MALE
Medical Examination Report Dated 3 February 1965
Name of Physician David B. Haggard M.D.

FEMALE
Medical Examination Report Dated 3 February 1965
Name of Physician Fred R. Warbinton M.D.

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Robert Middle Cornelius Last Gray
Date of Birth: Month September Day 12 Year 1935
Place of Birth (State or foreign country) Indianapolis, Indiana
Residence Address: Street or R. R. 131½ Eastern Ave. City Plainfield County Hen. State Ind.
Previous Marital Status: Never Married ☑ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify).....
Usual Occupation Well Driller
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify).....

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☑ Yes ☐
   If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☑ Yes ☐
5. Are you related to the bride closer than second cousin? No ☑ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
8. Are you able to support a family? Yes ☑ No ☐
9. Are you likely to so continue? Yes ☑ No ☐
10. Do you have minor children from one or more former marriages? No ☐ Yes ☐
    (If yes, answer questions a, b, c)
    (a) List their full names, ages and addresses

Name	Age	Address

    (b) Are you supporting or contributing to their support? Yes ☐ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father Cero Franklin Gray
    Residence of father (if deceased so state) Indianapolis, Ind.
    Occupation of father Retired Race of father white
    Birthplace of father (State or foreign country) Knox, Indiana
12. Full maiden name of mother Sarah Lucille Parnell
    Residence of mother (if deceased so state) Indianapolis, Ind.
    Occupation of mother Housewife Race of mother white
    Birthplace of mother (State or foreign country) Marion Co, Ind.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Robert C Gray
New Address 131½ Eastern Ave Plainfield
Subscribed and sworn to before me this 9 day of February, 1965
John Gambold Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day of....., 19.....
.....Clerk

FEMALE APPLICANT

Name: First Doris Middle Lee Last Gaddie
Date of Birth: Month July Day 17 Year 1942
Place of Birth (State or foreign country) Indianapolis, Indiana
Residence Address: Street or R. R. 201 S. Center St City Plainfield County Hen. State Ind.
Maiden Name if Different —
Previous Marital Status: Never Married ☑ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify).....
Usual Occupation Clerk Ind. Nat. Bank
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☐ Other (Specify).....

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
7. Full name of father Edwin Lee Gaddie
   Residence of father (if deceased so state) Plainfield, Indiana
   Occupation of father Guard Race of father white
   Birthplace of father (State or foreign country) Kentucky
8. Full maiden name of mother Gladys Underwood
   Residence of mother (if deceased so state) Plainfield, Ind.
   Occupation of mother Housewife Race of mother white
   Birthplace of mother (State or foreign country) Kentucky

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Doris Lee Gaddie
New Address 131½ Eastern Ave Plainfield
Subscribed and sworn to before me this 9 day of February, 1965
John Gambold Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day of....., 19.....
.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the .....County.....Court by written order issued.....and filed in.....authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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* February, 1965, *authorizing the joining together as husband and wife* Robert Cornelius Gray *and* Doris Lee Gaddie

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Calvin E. Eastwood *hereby certify that on the* 19th *day of* February, *one thousand nine hundred and* sixty five *at* Cartersburg, *County of* Hendricks, *State of Indiana, Groom* Robert Cornelius Gray *of* Hendricks *County, State of* Indiana, *and, Bride* Doris Lee Gaddie *of* Hendricks *County, State of* Indiana, *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* Hendricks *County.*

Dated this 19th *day of* February, 1965.

Signed Calvin E. Eastwood
Official Designation Minister, Ch. Christ Congr. Christian Ch

Filed and recorded in accordance with the laws of the State of Indiana this 23rd *day of* February, 1965.

Signed John Gambold, Jr. Clerk
Hendricks Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 33
File Book 28
10 February 1965
Date of Application

MALE
Medical Examination Report Dated 30 January 1965
Name of Physician Lloyd Terry M.D.

FEMALE
Medical Examination Report Dated 30 January 1965
Name of Physician Lloyd Terry M.D.

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Robert Middle Stewart Last Preston
Date of Birth: Month May Day 20 Year 1943
Place of Birth (State or foreign country): Danville Kentucky
Residence Address: Street or R. R. Roachdale City Indiana County Putnam State Indiana
Previous Marital Status: Never Married ☑ Number of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify)
Usual Occupation: Body Mechanic
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree ☑ Other (Specify) Drivers Licence

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☑ Yes ☐
   If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☑ Yes ☐
5. Are you related to the bride closer than second cousin? No ☑ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
8. Are you able to support a family? Yes ☑ No ☐
9. Are you likely to so continue? Yes ☑ No ☐
10. Do you have minor children from one or more former marriages? No ☐ Yes ☐
    (If yes, answer questions a, b, c)
    (a) List their full names, ages and addresses

Name	Age	Address

    (b) Are you supporting or contributing to their support? Yes ☐ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father: Allen Lee Preston
    Residence of father (if deceased so state): R.R. Roachdale, Ind.
    Occupation of father: Farm hand Race of father: white
    Birthplace of father (State or foreign country): Kentucky
12. Full maiden name of mother: Dellan
    Residence of mother (if deceased so state): Roachdale
    Occupation of mother: Housewife Race of mother: white
    Birthplace of mother (State or foreign country):

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed: Robert Stewart Preston
New Address: Roachdale, Indiana
Subscribed and sworn to before me this 10 day of February, 1965
John Gambold Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day of ....., 19.....
..... Clerk

FEMALE APPLICANT

Name: First Martha Middle Jane Last Gossett
Date of Birth: Month July Day 22 Year 1943
Place of Birth (State or foreign country): Lebanon, Indiana
Residence Address: Street or R. R. North Salem City North Salem County Hendricks State Ind.
Maiden Name if Different
Previous Marital Status: Never Married ☑ Number of Previous Marriages
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify)
Usual Occupation: Records Tech.
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree ☑ Other (Specify) Drivers Licence

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
7. Full name of father: Russell Edwin Gossett
   Residence of father (if deceased so state): Deceased
   Occupation of father: — Race of father: white
   Birthplace of father (State or foreign country): Boone County
8. Full maiden name of mother: Nannie Louise Trammel
   Residence of mother (if deceased so state): North Salem, Ind.
   Occupation of mother: Town clerk Race of mother: white
   Birthplace of mother (State or foreign country): Hendricks Co, Ind.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed: Martha Jane Gossett
New Address: Roachdale
Subscribed and sworn to before me this 10 day of February, 1965
John Gambold Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary

State of Indiana, County of HENDRICKS } ss:

Signed ..... Father
Signed ..... Mother
Subscribed and sworn to before me this ..... day of ....., 19.....
..... Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the ..... County ..... Court by written order issued ..... and filed in ..... authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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 February, 1965 authorizing the joining together as husband and wife Robert Stewart Preston and Martha Jane Gossett

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I Lozier C. Ziegler hereby certify that on the 21st day of February, one thousand nine hundred and sixty five, at North Salem, County of Hendricks, State of Indiana, Groom Robert Stewart Preston of Putnam County, State of Indiana, and, Bride Martha Jane Gossett of Hendricks County, State of Indiana, were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of Hendricks County.

Dated this 21st day of February, 1965.

Signed Lozier C. Ziegler
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 24 day of February, 1965.

Signed John Gambold, Jr. Clerk
Hendricks Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 34

File Book 28

Feb 10 - 1965
Date of Application

MALE
Medical Examination Report Dated 2 February 1965
Name of Physician Robert W. Ogle M.D.

FEMALE
Medical Examination Report Dated 2-2-65
Name of Physician Robert W. Ogle M.D.

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Paul Middle R. Last Pendley

Date of Birth: Month July Day 10 Year 1941

Place of Birth (State or foreign country) Indianapolis, Indiana

Residence Address: Street or R. R. 2608 E. Wash St City Indianapolis County Marion State Ind

Previous Marital Status: Never Married ☐ Number of Previous Marriages 1

Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐

Color or Race: White ☑ Negro ☐ Other ☐ (specify)

Usual Occupation Mechanic A$E.

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree ☑ Other (Specify) Drivers license

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☑ Yes ☐
   If answer to 3 is "yes" has the cause of such condition been removed? No ☐ Yes ☐
4. Are you afflicted with a transmissible disease? No ☑ Yes ☐
5. Are you related to the bride closer than second cousin? No ☑ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
8. Are you able to support a family? Yes ☑ No ☐
9. Are you likely to so continue? Yes ☑ No ☐
10. Do you have minor children from one or more former marriages? No ☑ Yes ☐
    (If yes, answer questions a, b, c)
    (a) List their full names, ages and addresses

Name	Age	Address

(b) Are you supporting or contributing to their support? Yes ☐ No ☐
(c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐

11. Full name of father Sherman Lee Pendley
    Residence of father (if deceased so state) Rt Box 365 Bicknell, Ind.
    Occupation of father Retired R.R. Race of father White
    Birthplace of father (State or foreign country) Morgantown, Ky.
12. Full maiden name of mother Nina Mae Baynes
    Residence of mother (if deceased so state) Indianapolis, Ind.
    Occupation of mother IBM Comp. Opr. Race of mother White
    Birthplace of mother (State or foreign country) S. Hill, Kentucky

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Paul R Pendley

New Address Hendricks Co.

Subscribed and sworn to before me this 10 day of February, 1965.

John Gambold Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

FEMALE APPLICANT

Name: First Jean Middle Allen Last Henshaw

Date of Birth: Month March Day 19 Year 1941

Place of Birth (State or foreign country) Berlo, Kentucky

Residence Address: Street or R. R. 27 Taylor court City Danville County Hend. State Ind.

Maiden Name if Different —

Previous Marital Status: Never Married ☑ Number of Previous Marriages.....

Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐

Color or Race: White ☑ Negro ☐ Other ☐ (specify)

Usual Occupation Waitress

Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree ☑ Other (Specify) Drivers license.

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
7. Full name of father James Wilson Henshaw
   Residence of father (if deceased so state) Deceased
   Occupation of father — Race of father White
   Birthplace of father (State or foreign country) Kentucky
8. Full maiden name of mother Creda Thelma Smith
   Residence of mother (if deceased so state) Indianapolis, Ind
   Occupation of mother Seamstress Race of mother white
   Birthplace of mother (State or foreign country) Kentucky.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Jean A Henshaw

New Address Hendricks Co.

Subscribed and sworn to before me this 10 day of February, 1965.

John Gambold Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father

Signed.....Mother

Subscribed and sworn to before me this.....day of....., 19.....

.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the .....County.....Court by written order issued.....and filed in.....authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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* February, 1965, *authorizing the joining together as husband and wife* Paul R. Pendley *and* Jean Allen Henshaw

Be it further remembered, the following marriage certificate was filed in my office, to-wit:

I, Marvin W. Cook *hereby certify that on the* 14th *day of* February, *one thousand nine hundred and* sixty five *at* Danville, *County of* Hendricks, *State of Indiana, Groom* Paul R. Pendley *of* Marion *County, State of* Indiana, *and, Bride* Jean Allen Henshaw *of* Hendricks *County, State of* Indiana, *were by me united 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 February, 1965.

Signed Marvin W. Cook

Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 16 *day of* February, 1965.

Signed John Gambold Jr. *Clerk*
Hendricks *Circuit Court*

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 35
File Book 28
Feb 10-1965
Date of Application

MALE
Medical Examination Report Dated Feb 5-1965
Name of Physician Lloyd S. Terry M.D.

FEMALE
Medical Examination Report Dated Feb. 5-1965
Name of Physician Lloyd S. Terry M.D.

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First Larry Middle William Last Lathridge
Date of Birth: Month June Day 8 Year 1943
Place of Birth (State or foreign country): Portland Indiana
Residence Address: Street or R. R. 402 W. Marion City Danville County Hendricks State Ind
Previous Marital Status: Never Married ☑ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify).....
Usual Occupation State Highway Dept.
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify).....

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☑ Yes ☐
   If answer to 3 is "yes" has the cause of such condition been removed? No ☑ Yes ☐
4. Are you afflicted with a transmissible disease? No ☑ Yes ☐
5. Are you related to the bride closer than second cousin? No ☑ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
8. Are you able to support a family? Yes ☑ No ☐
9. Are you likely to so continue? Yes ☑ No ☐
10. Do you have minor children from one or more former marriages? No ☐ Yes ☐
    (If yes, answer questions a, b, c)
    (a) List their full names, ages and addresses

Name	Age	Address

    (b) Are you supporting or contributing to their support? Yes ☐ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father William W. Lathridge
    Residence of father (if deceased so state) 402 W. Main Danville
    Occupation of father Laborer Race of father W
    Birthplace of father (State or foreign country) Kentucky
12. Full maiden name of mother Hazel L. Shoemaker
    Residence of mother (if deceased so state) 402 W. Main Danville
    Occupation of mother housewife Race of mother W.
    Birthplace of mother (State or foreign country) Oklahoma

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Larry Lathridge
New Address.....

Subscribed and sworn to before me this 10 day of February, 1965
John Gambold Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day of....., 19.....
.....Clerk

FEMALE APPLICANT

Name: First Susanne Middle - Last Gilbert
Date of Birth: Month May Day 31 Year 1945
Place of Birth (State or foreign country): New Albany Indiana
Residence Address: Street or R. R. 595 W. Main City Danville County Hendricks State Ind.
Maiden Name if Different
Previous Marital Status: Never Married ☑ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify).....
Usual Occupation unemployed
Date of birth verified by: ☐ Birth Cert. ☑ Judicial Decree
☐ Other (Specify).....

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
7. Full name of father Edward Gilbert
   Residence of father (if deceased so state) 595 W. Main Danville
   Occupation of father Laborer Race of father W
   Birthplace of father (State or foreign country) Hope, Ark.
8. Full maiden name of mother Cecilia Catherine Benstead
   Residence of mother (if deceased so state) 595 W Main Danville
   Occupation of mother Laborer Race of mother W
   Birthplace of mother (State or foreign country) Thayer, Mo.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Susanne Gilbert
New Address.....

Subscribed and sworn to before me this 10 day of February, 1965
John Gambold Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....

State of Indiana, County of HENDRICKS } ss:

Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this.....day of....., 19.....
.....Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the .....County.....Court by written order issued.....and filed in.....authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be 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* February, 1965, *authorizing the joining together as husband and wife* Larry William Lathridge *and* Susanne Gilbert
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, A Minister of the Christian Church *hereby certify that on the* 14th *day of* February, *one thousand nine hundred and* sixty five, *at* The Danville Christian Church, *County of* Hendricks, *State of Indiana, Groom* Larry William Lathridge *of* Hendricks *County, State of* Indiana, *and, Bride* Suzanne Gilbert *of* Hendricks *County, State of* Indiana, *were by me united 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* February, 19.65.

Signed Rev. George A. Harris
Official Designation Minister

Filed and recorded in accordance with the laws of the State of Indiana this 15th *day of* February, 19.65.

Signed John Gambold, Jr. Clerk
Hendricks Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 36
File Book 28
11 February 1965
Date of Application

MALE
Medical Examination Report Dated 6 February 1965
Name of Physician Portia Parker M.D.

FEMALE
Medical Examination Report Dated 6 February 1965
Name of Physician Portia Parker M.D.

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First David Middle R. Last Hathaway
Date of Birth: Month January Day 4 Year 1945
Place of Birth (State or foreign country) Marion Co. Indianapolis, Indiana
Residence Address: Street or R. R. 6101 Crawfordsville Rd City Indianapolis County Marion State Ind.
Previous Marital Status: Never Married ☑ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify).....
Usual Occupation: Typewriter repairman.
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify).....

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☑ Yes ☐
   If answer to 3 is "yes" has the cause of such condition been removed? No ☑ Yes ☐
4. Are you afflicted with a transmissible disease? No ☑ Yes ☐
5. Are you related to the bride closer than second cousin? No ☑ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
8. Are you able to support a family? Yes ☑ No ☐
9. Are you likely to so continue? Yes ☑ No ☐
10. Do you have minor children from one or more former marriages? No ☐ Yes ☐
    (If yes, answer questions a, b, c)
    (a) List their full names, ages and addresses
    Name Age Address
    (b) Are you supporting or contributing to their support? Yes ☐ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father John K. Hathaway
    Residence of father (if deceased so state) Indianapolis, Ind.
    Occupation of father landscaping Race of father white
    Birthplace of father (State or foreign country) Indianapolis, Ind.
12. Full maiden name of mother Maxine Faye Floyd.
    Residence of mother (if deceased so state) Indianapolis, Ind
    Occupation of mother House wife Race of mother white
    Birthplace of mother (State or foreign country) Indianapolis, Ind.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed David P. Hathaway
New Address 9226 Ingalls St, Harmony Dr.
Subscribed and sworn to before me this 11 day of February, 1965
John Gambold Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary See attached affadavit

State of Indiana, County of HENDRICKS } ss:
Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this 11 day of February, 1965
John Gambold Jr. Clerk

FEMALE APPLICANT

Name: First Ruth Middle L. Last Hunter
Date of Birth: Month January Day 18 Year 1948
Place of Birth (State or foreign country) Plainfield Indiana
Residence Address: Street or R. R. Route 2 Box 191 City Indianapolis 31 County Mar. State Indiana
Maiden Name if Different —
Previous Marital Status: Never Married ☑ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify).....
Usual Occupation: Unemployed
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify).....

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☐ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
7. Full name of father Ralph Thomas Hunter
   Residence of father (if deceased so state) from Indianapolis (R R 13, Ind)
   Occupation of father Truck driver Race of father white
   Birthplace of father (State or foreign country) Plainfield, Ind.
8. Full maiden name of mother Norma Lorraine Silcox
   Residence of mother (if deceased so state) Indianapolis R R Ind
   Occupation of mother Housewife Race of mother white
   Birthplace of mother (State or foreign country) Indianapolis, Ind.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.

Signed Ruth L. Hunter
New Address Same
Subscribed and sworn to before me this 11 day of February, 1965
John Gambold Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary See attached affadavit.

State of Indiana, County of HENDRICKS } ss:
Signed.....Father
Signed.....Mother
Subscribed and sworn to before me this 11 day of February, 1965
John Gambold Jr. Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the .....County.....Court by written order issued.....and filed in.....authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

Be It Remembered, there was filed in my office a marriage license issued by the clerk of the Hend. Circuit Court of Indiana dated the 15 day of February, 1965, authorizing the joining together as husband and wife David P. Hathaway and Ruth L. Hunter
Be it further remembered, the following marriage certificate was filed in my office, to-wit:
I, Walter Bradford hereby certify that on the 20th day of February, one thousand nine hundred and sixty five at Indianapolis, County of Marion, State of Indiana, Groom David P. Hathaway of Marion County, State of Indiana, and, Bride Ruth L. Hunter of Hendricks County, State of Indiana, were by me united 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 February, 1965.

Signed Walter Bradford
Official Designation Justice of Peace

Filed and recorded in accordance with the laws of the State of Indiana this 23rd day of February, 1965.

Signed John Gambold, Jr. Clerk
Hendricks Circuit Court

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 36
File Book 28
11 February 1965
Date of Application

MALE
Medical Examination Report Dated 6 February 1965
Name of Physician Portia Parker M.D.

FEMALE
Medical Examination Report Dated 6 February 1965
Name of Physician Portia Parker M.D.

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First David Middle P. Last Hathaway
Date of Birth: Month January Day 4 Year 1945
Place of Birth (State or foreign country): Marion Co. Indianapolis, Indiana
Residence Address: Street or R. R. 6101 Crawfordsville Rd City Indianapolis County Marion State Ind.
Previous Marital Status: Never Married ☑ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify).....
Usual Occupation: Typewriter repairman.
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify).....

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☑ Yes ☐
   If answer to 3 is "yes" has the cause of such condition been removed? No ☑ Yes ☐
4. Are you afflicted with a transmissible disease? No ☑ Yes ☐
5. Are you related to the bride closer than second cousin? No ☑ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
8. Are you able to support a family? Yes ☑ No ☐
9. Are you likely to so continue? Yes ☑ No ☐
10. Do you have minor children from one or more former marriages? No ☐ Yes ☐
    (If yes, answer questions a, b, c)
    (a) List their full names, ages and addresses
    Name Age Address
    (b) Are you supporting or contributing to their support? Yes ☐ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☐ No ☐
11. Full name of father: John K. Hathaway
    Residence of father (if deceased so state): Indianapolis, Ind.
    Occupation of father: landscaping Race of father: White
    Birthplace of father (State or foreign country): Indianapolis, Ind.
12. Full maiden name of mother: Maxine Faye Floyd.
    Residence of mother (if deceased so state): Indianapolis, Ind
    Occupation of mother: Housewife Race of mother: White
    Birthplace of mother (State or foreign country): Indianapolis, Ind.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.
Signed: David P. Hathaway
New Address: 9226 Ingliss St. Indianapolis, Ind. Hathaway Dr.
Subscribed and sworn to before me this 11 day of February, 1965
John Gambold Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary: See attached affadavit.

State of Indiana, County of HENDRICKS
Signed.....
Signed.....
Subscribed and sworn to before.....

COMPLETE IF MARR...
.....
in.....

Be It Rem...

of Indiana dated the.....
David
Be it further remembered,
I, Walter Bra... on day of February,
one thousand nine hundred... at Indianapolis, County of Marion,
State of Indiana, Groom Howard D. Hathaway of Marion County, State of Indiana
and, Bride Ruth L. Hunter of Hendricks County, State of Indiana,
were by me united 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 February, 19 65.

Signed Walter Bradford
Official Designation Justice of Peace

Filed and recorded in accordance with the laws of the State of Indiana this 23rd day of February, 19 65.
Signed John Gambold, Jr. Clerk
Hendricks Circuit Court

FEMALE APPLICANT

Name: First Ruth Middle L. Last Hunter
Date of Birth: Month January Day 18 Year 1948
Place of Birth (State or foreign country): Plainfield Indiana
Residence Address: Street or R. R. Route 2 Box 191 City Indianapolis 31 County Mar. State Indiana
Maiden Name if Different —
Previous Marital Status: Never Married ☑ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify).....
Usual Occupation: Unemployed
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify).....

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☐ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
6. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
7. Full name of father: Ralph Thomas Hunter
   Residence of father (if deceased so state): Rfd Indianapolis (R3, Ind)
   Occupation of father: Truck driver Race of father: White
   Birthplace of father (State or foreign country): Plainfield, Ind.
8. Full maiden name of mother: Norma Lorraine Silcox
   Residence of mother (if deceased so state): Indianapolis RFR Ind
   Occupation of mother: Housewife Race of mother: White
   Birthplace of mother (State or foreign country): Indianapolis, Ind.

State of Indiana, County of HENDRICKS } ss: I depose and state the information given in this application is true and correct.
Signed: Ruth L. Hunter
New Address: Same
Subscribed and sworn to before me this 11 day of February, 19 65
John Gambold Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary: See attached affadavit.

I, John A. Hathaway & Maxine F. Hathaway, hereby give my consent for my son, David Hathaway to marry Ruth Hunter.
John K. Hathaway
Maxine F. Hathaway
Subscribed and sworn to before me this 11th day of February 19
Norman L. Comer
Notary Public

Form Prescribed By
Indiana State Board of
Health under Authority
Chap. 126, Ind. Acts 1905

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

HENDRICKS County

No. 36
File Book 28
11 February 1965
Date of Application

MALE
Medical Examination Report Dated 6 February 1965
Name of Physician Portia Parker M.D.

FEMALE
Medical Examination Report Dated 6 February 1965
Name of Physician Portia Parker M.D.

ALL QUESTIONS MUST BE ANSWERED. Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry by any false statement, representation or pretense shall be fined in any sum not exceeding five hundred dollars ($500.00)".

MALE APPLICANT

Name: First David Middle R. Last Hathaway
Date of Birth: Month January Day 4 Year 1945
Place of Birth (State or foreign country): Marion Co. Indianapolis, Indiana
Residence Address: Street or R. R. 6101 Crawfordsville Rd City Indianapolis County Marion State Ind.
Previous Marital Status: Never Married ☑ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify).....
Usual Occupation: Typewriter repairman.
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify).....

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☑ Yes ☐
   If answer to 3 is "yes" has the cause of such condition been removed? No ☑ Yes ☐
4. Are you afflicted with a transmissible disease? No ☑ Yes ☐
5. Are you related to the bride closer than second cousin? No ☑ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
8. Are you ab
9. Are you lil
10. Do you hav
    (If yes, an
    (a) List th
    (b) Are y
    (c) Are y
    their
11. Full name
    Residence
    Occupatio
    Birthplace
12. Full maid
    Residence
    Occupatio
    Birthplace

State of India
County of HENDRICKS } In this application is true and correct.
Signed David P. Hathaway
New Address 9226 Harmony Dr. Indpls. Ind.
Subscribed and sworn to before me this 11 day of February, 1965
John Gambold Jr. Clerk HENDRICKS Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....
See attached affadavit.

State of Indiana,
County of HENDRIC
Signed.....
Signed.....
Subscribed and sworn to befo

COMPLETE IF MARR
.....
in.....

Be It Rem

of Indiana dated the.....
David
Be it further remembered,
I, Walter Bra
one thousand nine hundred ..... *at* Indianapolis, *County of* Marion,
State of Indiana, Groom ...s P. Hathaway *of* Marion *County, State of* Indiana
and, Bride Ruth L. Hunter *of* Hendricks *County, State of* Indiana,
were by me united 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* February, 19 65.

Signed Walter Bradford
Official Designation Justice of Peace

Filed and recorded in accordance with the laws of the State of Indiana this 23rd *day of* February, 19 65.
Signed John Gambold, Jr. *Clerk*
Hendricks *Circuit Court*

FEMALE APPLICANT

Name: First Ruth Middle L. Last Hunter
Date of Birth: Month January Day 18 Year 1948
Place of Birth (State or foreign country): Plainfield, Indiana
Residence Address: Street or R. R. Route 2 Box 191 City Indianapolis 33 County Mar. State Indiana
Maiden Name if Different —
Previous Marital Status: Never Married ☑ Number of Previous Marriages.....
Last Marriage Ended By: Death ☐ Divorce ☐ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify).....
Usual Occupation: Unemployed
Date of birth verified by: ☑ Birth Cert. ☐ Judicial Decree
☐ Other (Specify).....

1. Are you now or have you been adjudged, diagnosed or considered as:
   An Imbecile? No ☑ Yes ☐
   Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☐ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
   No ☑ Yes ☐
   Yes ☐

...k..... ...ircuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent for this marriage. If only one parent signs, state facts which render the consent of the other parent unnecessary.....
See attached affadavit.

...given
...rrect.
...19 65

I, Ralph T. Hunter & Norma L. Hunter, hereby give my consent for my daughter, Ruth Hunter to marry David Hathaway.
Ralph T Hunter
Norma L Hunter
subscribed and sworn to before me this 11th day of February 1965
Norman L Comer
Notary Public

I, John A. Hathaway & Maxine F. Hathaway, hereby give my consent for my son, David Hathaway to marry Ruth Hunter.
John A. Hathaway
Maxine F. Hathaway
Subscribed and sworn to before me this 11th day of February 19
Norman L Comer
Notary Public