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

STATE OF INDIANA

# APPLICATION FOR MARRIAGE LICENSE

FLOYD County

Book 58 Page 223

File

11-14-61
Date of Application

**MALE**
Medical Examination Report Dated 11-14-61
Name of Physician Hanna

**FEMALE**
Medical Examination Report Dated 11-14-61
Name of Physician Hanna

**ALL QUESTIONS MUST BE ANSWERED.** Chapter 126, Indiana Acts 1905 prescribes "False statement—Whoever procures the issuance of a license to marry 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 Raymond Last Frogel
Date of Birth: Month June Day 28 Year 1928
Place of Birth (State or foreign country): Indiana
Residence Address: 53 Back St. Street or R. R. City Floyd 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: Maintenance
Date of birth verified by: ☐ Birth Cert. ☑ Judicial Decree
☐ Other (Specify) On file
1. Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☑ Yes ☐
Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you now or have you been within five (5) years an inmate of a county asylum or home for indigent persons? No ☑ Yes ☐
If answer to 3 is "yes" has the cause of such condition been removed? No ☑ Yes ☐
4. Are you afflicted with a transmissible disease? No ☑ Yes ☐
5. Are you related to the bride closer than second cousin? No ☑ Yes ☐
6. Are you now under the influence of intoxicating liquor? No ☑ Yes ☐
7. Are you now under the influence of a narcotic drug? No ☑ Yes ☐
8. Are you able to support a family? Yes ☑ No ☐
9. Are you likely to so continue? Yes ☑ No ☐
10. Do you have minor children from one or more former marriages? No ☐ Yes ☐
(If yes, answer questions a, b, c)
(a) List their full names, ages and addresses
Name Age Address
(b) Are you supporting or contributing to their 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 Frogel
Residence of father (if deceased so state): Indiana
Occupation of father: retired Race of father: White
Birthplace of father (State or foreign country): Tennessee
12. Full maiden name of mother: Ella Bauer
Residence of mother (if deceased so state): Indiana
Occupation of mother: Housewife Race of mother: White
Birthplace of mother (State or foreign country): Indiana

State of Indiana, County of Floyd } ss: I depose and state the information given in this application is true and correct.
Signed: Forest R. Frogel
New Address: Indiana, 158 Vaught
Subscribed and sworn to before me this 14 day of Nov, 19 61
Floyd Ruby Shelley Clerk FLOYD County Circuit Court

**CONSENT OF PARENTS, PARENT OR GUARDIAN**

We, the parents, of this applicant hereby give consent 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 Lucille Middle Catherine Last Hammond
Date of Birth: Month June Day 11 Year 1929
Place of Birth (State or foreign country): Indiana
Residence Address: 158 Vaught St. Street or R. R. City Floyd County State Ind
Maiden Name if Different: Cook
Previous Marital Status: Never Married ☐ Number of Previous Marriages 1
Last Marriage Ended By: Death ☐ Divorce ☑ Annulment ☐
Color or Race: White ☑ Negro ☐ Other ☐ (specify)
Usual Occupation: Nurse-Aid
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree
☐ Other (Specify) Del Murray Indiana
1. Are you now or have you been adjudged, diagnosed or considered as:
An Imbecile? No ☑ Yes ☐
Of Unsound Mind? No ☑ Yes ☐
2. Are you under guardianship as a person of unsound mind? No ☑ Yes ☐
3. Are you afflicted with a transmissible disease? No ☑ Yes ☐
4. Are you related to the groom closer than second cousin? No ☑ Yes ☐
5. Are you now under the 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 W. Cook
Residence of father (if deceased so state): New Albany Ind
Occupation of father: retired Race of father: W
Birthplace of father (State or foreign country): Ky
8. Full maiden name of mother: Cordelia Colby
Residence of mother (if deceased so state): deceased
Occupation of mother: Race of mother: White
Birthplace of mother (State or foreign country): Ky

State of Indiana, County of Floyd } ss: I depose and state the information given in this application is true and correct.
Signed: Lucille Hammond
New Address: 158 Vaught St.
Subscribed and sworn to before me this 14 day of Nov, 196
Ruby Shelley Clerk FLOYD County Circuit Court

**CONSENT OF PARENTS, PARENT OR GUARDIAN**

We, the parents, of this applicant hereby give consent 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

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

## RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

**Be It Remembered,** *there was filed in my office a marriage license issued by the clerk of the* Floyd *County Circuit Court of Indiana dated the* 14 *day of* November, *19* 61, *authorizing the joining together as husband and wife* Forest Raymond Frogel *and* Lucille Catherine Hammond
*Be it further remembered, the following marriage certificate was filed in my office, to-wit:*
*I,* Rev. Floyd H. Shannon, *hereby certify that on the* 24 *day of* November, *one thousand nine hundred and* Sixty-one, *at* New Albany, *County of* Floyd, *State of Indiana, Groom* Forest Raymond Frogel *of* Floyd *County, State of* Indiana *and, Bride* Lucille Catherine Hammond *of* Floyd *County, State of* Indiana *were by me united in marriage as authorized by a marriage license issued for that purpose by the Clerk of the Circuit Court of* Floyd *County.*
*Dated this* 21st *day of* November, *19*61.
*Signed* Rev. Floyd H. Shannon
*Official Designation* Methodist Minister

*Filed and recorded in accordance with the laws of the State of Indiana this* 1 *day of* December, *19*61.
*Signed* Ruby Shelley *Clerk*
FLOYD *County Circuit Court*