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

STATE OF INDIANA

APPLICATION FOR MARRIAGE LICENSE

FLOYD County

No. 77-5

File

1-18-77
Date of Application

MALE
Medical Examination Report Dated 1-17-77
Name of Physician Wolfe

FEMALE
Medical Examination Report Dated 1-17-77
Name of Physician Wolfe

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

MALE APPLICANT

Name: First Mike, Middle L., Last Elrod
Date of Birth: Month 10, Day 11, Year 52
Place of Birth (State or foreign country): Ind
Residence Address: Street or R. R. R #3 Box 241, City Dog, 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: Yard Man
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree ☐ Other (Specify) Dri 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
Cheryl	5	N.H.

    (b) Are you supporting or contributing to their support? Yes ☑ No ☐
    (c) Are you complying with any court order or orders issued for their support? Yes ☑ No ☐
11. Full name of father: Mark L. Elrod
    Residence of father (if deceased so state): N.H.
    Occupation of father: Gen. Dri. Race of father: Same
    Birthplace of father (State or foreign country): Ind.
12. Full maiden name of mother: Jeanetta Byard
    Residence of mother (if deceased so state): N.H.
    Occupation of mother: H.W. Race of mother: Same
    Birthplace of mother (State or foreign country): Ind

State of Indiana, County of Floyd } ss: I depose and state the information given in this application is true and correct.
Signed: Mike L. Elrod
New Address
Subscribed and sworn to before me this 18 day of Jan, 1977
Glenn L. Hatfield Clerk FLOYD Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

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

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

FEMALE APPLICANT

Name: First Bonnie, Middle K., Last Rice
Date of Birth: Month 6, Day 10, Year 55
Place of Birth (State or foreign country): New Albany, Ind
Residence Address: Street or R. R. R #1, City Borden, 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: Work Room Worker
Date of birth verified by: ☐ Birth Cert. ☐ Judicial Decree ☐ Other (Specify) Dri 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 afflicted with a transmissible disease? No ☐ Yes ☐
4. Are you related to the groom closer than second cousin? No ☐ Yes ☐
5. Are you now under the 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 F. Rice
   Residence of father (if deceased so state): Same
   Occupation of father: Chem. Worker Race of father: Same
   Birthplace of father (State or foreign country): Floyd Co.
8. Full maiden name of mother: Pearl R. Hunt
   Residence of mother (if deceased so state): Same
   Occupation of mother: H.W. Race of mother: Same
   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: Bonnie K. Rice
New Address
Subscribed and sworn to before me this 18 day of Jan, 1977
Glenn L. Hatfield Clerk FLOYD Circuit Court

CONSENT OF PARENTS, PARENT OR GUARDIAN

We, the parents, of this applicant hereby give consent 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 *Circuit Court of Indiana dated the* 24 *day of* January, *19* 77, *authorizing the joining together as husband and wife* Mike L. Elrod *and* Bonnie K. Rice

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

I, Marvin Richardson *hereby certify that on the* 29 *day of* January, *one thousand nine hundred and* seventy-seven *at* Floyd Knobs, *County of* Floyd, *State of Indiana, Groom* Mike L. Elrod *of* Floyd *County, State of* Indiana *and, Bride* Bonnie K. Rice *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 29 *day of* January, *19* 77.

Signed Marvin Richardson
Official Designation Minister

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

Signed Glenn L. Hatfield *Clerk*
Circuit Court