



MARRA \$52.00

**Affidavit of Male  
 Applicant for Marriage License**

*ID-ok*

Must be filled in  
 by male applicant

**MALE**

STATE OF WASHINGTON }  
 County of Lewis

The undersigned, being first duly sworn,  
 deposes as follows:  
 That if I am afflicted with any contagious  
 sexually transmitted disease, the condition is  
 known to the female applicant, and that I am  
 not related to the female applicant. Marriage  
 license is not valid for 3 days from date of  
 application and is void if marriage is not  
 solemnized in the State of Washington  
 within sixty (60) days of issuance of license.

Birthdate 02-01-81 Age 19  
 Birthplace Seattle, WA  
 Single  Widowed  Divorced  
 Phone No. 748-3685  
 Occupation RETAIL  
 Address 440 N Market St<sup>22</sup>  
 present Street  
Chenalis WA 98532  
 City State Zip  
 Address 210-43 Davenport  
 Past Six Months Street  
Chenalis WA 98532  
 City State Zip

Aaron Lee Schaefer  
 Print Name in Full  
 Aaron Lee Schaefer  
 Signature in Full  
 Subscribed and sworn to before me on  
27<sup>th</sup> Nov 2000  
 day month year  
Yvonne Godsey  
 Deputy Auditor - Notary Public

**Affidavit of Female  
 Applicant for Marriage License**

*ID-ok*

Must be filled in  
 by female applicant

**FEMALE**

STATE OF WASHINGTON }  
 County of Lewis

The undersigned, being first duly sworn,  
 deposes as follows:  
 That if I am afflicted with any contagious  
 sexually transmitted disease, the condition is  
 known to the male applicant, and that I am  
 not related to the male applicant. Marriage  
 license is not valid for 3 days from date of  
 application and is void if marriage is not  
 solemnized in the State of Washington  
 within sixty (60) days of issuance of license.

Birthdate 06/19/83 Age 17  
 Birthplace Riverside CA March AF B  
 Single  Widowed  Divorced  
 Phone No. 360-748-3685  
 Occupation RETAIL  
 Address 440 N Market St  
 present Street  
Chenalis WA 98532  
 City State Zip  
 Address 18020 Rice Ln  
 Past Six Months Street  
Rochester WA 98579  
 City State Zip

Rachel Rix Cooper  
 Print Name in Full  
 Rachel Rix Cooper  
 Signature in Full  
 Subscribed and sworn to before me on  
27<sup>th</sup> Nov 2000  
 day month year  
Yvonne Godsey  
 Deputy Auditor - Notary Public

**Parents' or Guardians' Consent**

**Male**

I hereby certify that I am the Parent or  
 Guardian of \_\_\_\_\_  
 who is \_\_\_\_\_ years of age and I  
 give my full consent to his marriage  
 to \_\_\_\_\_

**Female**

I hereby certify that I am the Parent or  
 Guardian of Rachel R Cooper  
 who is 17 years of age and I  
 give my full consent to her marriage  
 to Aaron Schaefer

[Signature]  
 Signature Parent/Guardian of Male Applicant  
 [Signature]  
 Signature Parent/Guardian of Female Applicant  
 Subscribed and sworn to before me on  
27<sup>th</sup> Nov 2000  
 day month year  
Yvonne Godsey  
 Deputy Auditor - Notary Public

11/27/00  
 Date of Application

11/30/00  
 Date License Valid