

**WHEN RECORDED RETURN TO:**

Corina Colantino

18325 River Edge Lane

Lake Oswego, OR 97034

**DOCUMENT TITLE(S)**

Marriage Return<sup>(2)</sup> Marriage Certificate<sup>(1)</sup> and marriage application<sup>(1)</sup>

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**REFERENCE NUMBER(S)** of Documents assigned or released:

5745 - return, 6203 - application, 6203 - certificate

Additional numbers on page 1 of document. (201 on certificate)

**GRANTOR(S):**

Marriage officiant, Skamania County

Additional names on page \_\_\_\_\_ of document.

**GRANTEE(S):**

Pacifico Colantino & Cleo Swesey

Additional names on page \_\_\_\_\_ of document.

**LEGAL DESCRIPTION** (Abbreviated: i.e. Lot, Block, Plat or Section, Township, Range, Quarter):

Marriage

Complete legal on page \_\_\_\_\_ of document.

**TAX PARCEL NUMBER(S):**

N/A

Additional parcel numbers on page \_\_\_\_\_ of document.

The Auditor/Recorder will rely on the information provided on this form. The staff will not read the document to verify the accuracy or completeness of the indexing information.



# Affidavit for Correction

Mail to: **Center for Health Statistics**  
 P.O. Box 47814  
 Olympia, WA 98504-7814  
 360-236-4300

This is a legal document. Complete in ink and do not alter.

## STATE OFFICE USE ONLY

State File Number	Fee Number	Initials	Date	Affidavit Number
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Required information must match current information on record

Required

Record Type: <input type="checkbox"/> Birth <input type="checkbox"/> Death <input checked="" type="checkbox"/> Marriage <input type="checkbox"/> Dissolution (Divorce)				
1. Name on Record: <b>Pacifico Q. Colantino</b> Last		2. Date of Event: <b>11-5-1938</b>		3. Place of Event: <b>Skamania</b>
4. Father/Parent Full Birth Name (Spouse A for Marriage or Dissolution) <b>Giuseppe Colantorio</b> Last/Maiden		5. Mother/Parent Full Birth Name (Spouse B for Marriage or Dissolution) <b>Maria Carmela Ciccone</b> Last/Maiden		
6. Name of Person Requesting Correction: <b>Corin Lee Colantino</b>		Relationship to Person on Record: <input type="checkbox"/> Self <input type="checkbox"/> Guardian <input type="checkbox"/> Informant <input type="checkbox"/> Parent(s) <input type="checkbox"/> Funeral Director <input checked="" type="checkbox"/> Other (specify) <b>Granddaughter</b>		
Return Mailing Address: <b>18325 River Edge Lane, Lake Oswego, OR 97034</b>				
Telephone Number: <b>408) 472-4477</b>		Email Address: <b>colantino@gmail.com</b>		

Use the section below for requesting any changes on the record. The record is incorrect or incomplete as follows:

The record now shows:	The true fact is:
1. birthplace is New York, NY	9. birthplace is Ofena, Abruzzo, Italy
0. father's name is Joseph Colantino	11. father's name is Giuseppe Colantorio
2. mother's name is Mary Celi	13. mother's name is Maria Carmela Ciccone
4. groom name is Pacifico Q. Colantino	15. groom name is Pacifico Q. Colantorio

I declare under penalty of perjury under the laws of the State of Washington that the forgoing is true and correct

6a. Signature:	16b. Signature of 2 <sup>nd</sup> parent (if required):
Printed name: <b>Corina Colantino</b> Date: <b>8/24/2016</b>	Printed name: Date:

### INSTRUCTIONS – go to [www.doh.wa.gov](http://www.doh.wa.gov) for more information

Required documentary proof must be submitted with the affidavit and must include full name and birth date. Examples of proof include:

- Birth/Marriage/Divorce record
- Military record (DD-214)
- School transcripts
- Hospital/medical record
- Certificate of Naturalization
- Social Security Numident Report
- Passport
- Green/Permanent Resident card (I-551)

**Driver's license, Social Security card or hospital decorative birth certificate cannot be used as proof**

#### Birth Certificates

1. Only a parent(s), legal guardian (if the child is under 18), or the named individual (if 18 or older) may change the birth certificate
2. **The proof(s) must match** the asserted fact(s). For example, if the affidavit says the name should be Mary Ann Doe, the proof must show the name to be Mary Ann Doe
3. Documentary proof must be five or more years old or established within five years of birth

#### Child under 18

- If legal guardian(s), include certified court order proving guardianship
- Up to age one, last name can be changed once to either parents' name on certificate (can be any combination of the first, middle or last names)\*
- After age one, a court order is required to change the last name
- No proof is required to change the first or middle name\*
- To correct parent's information, one documentary proof is required.
- To correct the sex of the child, one documentary proof from a medical provider is required

#### Adult (18 years or older)

- Only the adult can change his or her birth certificate.
- If the first or middle name is missing, three pieces of documentary proof are required
- If the first, middle and/or last name is misspelled, or date of birth is incorrect, two pieces of documentary proof are required
- To correct parent's birth date, place of birth, or name, one documentary proof is required

\*To change any part of the name of a child using this form, **signatures from both parents listed on the certificate are required.** If one parent is deceased, submit a death certificate with request.

**This affidavit cannot be used to add a father to a birth certificate (use paternity acknowledgment form DOH 422-032)**

#### Death Certificates

1. Only the informant, the funeral director, or executors/administrators (if evidence confirming such position is presented) may change the non-medical information. Proof is required to make changes if requested by a family member not listed as the informant on the certificate (family members are spouse or registered domestic partner, parent, sibling or adult child or stepchild). Marital status requires a certified copy of a court order if someone other than the informant is requesting the change.
2. The medical information (cause of death) may be changed only by the certifying physician or the coroner/medical examiner.

#### Marriage/Dissolution (Divorce) Certificates

- Personal facts (minor spelling changes in name, date or place of birth or residence) may be changed by the person with one piece of documentary proof
- To change the date or place of marriage or dissolution, the officiant (marriage) or clerk of court (dissolution) must complete and submit the affidavit

**AFFIDAVIT IN SUPPORT OF MARRIAGE RETURN CORRECTION**

I, Corina L Colantino, do certify under penalty of perjury under the laws of the State of Washington that I have reasonable grounds to believe the following statements to be true and accurate:

1. My grandfather was born on May 23, 1916 in Ofena, Abruzzo, Italy to the parents of Giuseppe Colantonio and Maria Carmela Ciccone.
2. My grandfather's birth name is Pacifico Quirino Colantonio.
3. He immigrated to America on May 23, 1929, obtaining a visa that expired on September 22, 1929.
4. Pacifico Q. Colantonio and Cleo H. Swesey applied for and obtained a marriage certificate on November 5, 1938. Subsequently the marriage application, marriage certificate and marriage return were filed/recorded with the Skamania County Auditor's Office.
5. On June 22, 1983 my grandfather submitted a petition for naturalization and completed his oath of naturalization thus obtaining his certificate of naturalization. In this process he formally requested that his name be changed from Pacifico Q. Colantonio to Pat Colantino.
6. While collecting vital records in order to gain dual Italian citizenship jure sanguinis I discovered that the above mentioned marriage application, marriage certificate and marriage return contain the following errors:
  - a. In the marriage application my grandfather's name is incorrectly listed as Pacifico Q. Colantino.
  - b. In the marriage certificate my grandfather's name is incorrectly listed as Pacifico Q. Colantino.
  - c. In the marriage return there are several discrepancies:
    - i. My grandfather's name is incorrectly listed as Pacifico Q. Colantino
    - ii. My grandfather's place of birth is incorrectly listed as New York, NY
    - iii. My grandfather's parent's names are incorrectly listed as Joseph Colantino and Mary Celi
7. I am concerned the errors contained in the above mentioned documents may affect my ability to gain dual citizenship.
8. I am further concerned that the above mentioned documents of record contain erroneous information.
9. I hereby request the Auditor's Office to correct a copy of the original marriage application, marriage certificate and marriage return documents and file/record the corrected copy so the information of record is accurate and true.

DATED this 24 day of August, 2016.



Corina L. Colantino

# AFFIDAVIT OF APPLICATION FOR MARRIAGE LICENSE

STATE OF WASHINGTON  
COUNTY OF SKAMANIA

NO. 102 B. D. M.  
MALE

being first duly sworn, deposes as follows: That I am the Male applicant for the issuance of a marriage license by the County Auditor of Skamania County, State of Washington. I am not feeble-minded, imbecile, epileptic, insane, a common drunkard, and am not afflicted with pulmonary tuberculosis in its advanced stages, nor with contagious venereal disease.

Signature Richard J. Colantino Address Thornas Oregon

Subscribed and sworn to before me this 3 day of Nov, 1938  
Mabel J. Jasse  
Deputy Auditor, Skamania County, Washington.

STATE OF WASHINGTON  
COUNTY OF SKAMANIA

NO. \_\_\_\_\_  
FEMALE

being first duly sworn, deposes as follows: That I am the Female applicant for the issuance of a marriage license by the County Auditor of Skamania County, State of Washington. I am not feeble-minded, imbecile, epileptic, insane, a common drunkard, and am not afflicted with pulmonary tuberculosis in its advanced stages, nor with contagious venereal disease.

Signature Clara H. Swamy Address Thornas, Ore.

Subscribed and sworn to before me this 3 day of Nov, 1938  
Mabel J. Jasse  
Deputy Auditor, Skamania County, Washington.

STATE OF WASHINGTON  
COUNTY OF SKAMANIA

NO. \_\_\_\_\_  
WITNESS

being first duly sworn, deposes and says: I am personally acquainted with \_\_\_\_\_

(Name of Male Applicant) \_\_\_\_\_ Residence \_\_\_\_\_

who is \_\_\_\_\_ years of age; and \_\_\_\_\_

(Name of Female Applicant) \_\_\_\_\_ Residence \_\_\_\_\_

who is \_\_\_\_\_ years of age; and that said persons are not habitual criminals, and know of no legal impediment to their being joined in marriage; and that neither of said persons has been married or divorced within the past six months.

Witness signature Mahmud T. M... Address Thornas Oregon

Subscribed and sworn to before me this 3 11 day of November, 1938  
Mabel J. Jasse  
Deputy Auditor, Skamania County, Washington.

## PARENTS' OR GUARDIANS' CONSENT

I hereby certify that I am (Parent—Guardian) of \_\_\_\_\_ who is under legal age, and give my consent to her marriage to \_\_\_\_\_

Witness \_\_\_\_\_ Signature \_\_\_\_\_ Address \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 1938  
Deputy Auditor, Skamania County, Washington.

# SKAMANIA COUNTY

This blank to be filled out by the Minister, Priest or official performing the Marriage Ceremony and returned to the County in which the marriage took place, within five days from the date of marriage.

## Marriage Return

1—Date of License November 5, 1938.

2—Full Name of Groom: Pacific J. Blantiro

3—Age Last Birthday 22

4—Color (a) White

5—No. of Groom's Marriages 1<sup>st</sup>

6—Residence Florence, Oregon

7—Birthplace (b) New York, N.Y.

8—Occupation mechanic

9—Father's Name: Joseph Blantiro

10—Mother's Maiden Name: Mary O'Leary

11—Full Name of Bride: Chas. H. Swersey

Maiden Name, if a widow: ✓

12—Age Last Birthday 19

13—Color (a) White

14—No. of Bride's Marriages 1<sup>st</sup>

15—Residence Florence, Oregon

16—Birthplace (b) Rainier, Oregon

17—Occupation none

18—Father's Name: Carl Swersey

19—Mother's Maiden Name: Myrtle Hunt

20—Date of Marriage November 5, 1938.

21—Place of Marriage Stevenson, Wash.

22—By Whom Married, and official Station: Justice of the Peace

23—Name of Witnesses and Their Residences:

No. 1 Fred E. Coates

1444 W. 13th Avenue, Astoria

No. 2 Myrtle Hunt

Stevenson, Oregon

NOTE—(a)—State color distinctly, so race may be known, as White, Black, Mulatto, Indian, Chinese, Mixed, White and Indian, etc.  
 (b)—Give State or Foreign Country, so nationality is plainly shown.

261

No. 6203

# County Clerk of Skamania



STATE OF WASHINGTON }  
County of SKAMANIA } SS.

This is to certify, that the undersigned a Justice of the Peace  
by authority of a License, bearing date the 5<sup>th</sup> day of November A.D. 1938  
and issued by the Auditor of the County of SKAMANIA State of Washington, did on the  
5<sup>th</sup> day of November A.D. 1938 at Stevenson in the County  
and State aforesaid join in lawful wedlock Pacific J. Plantino  
of the County of Lane in the State of Oregon and  
Ola H. Shreeve of the County of Lane as stipulated to  
in the State of Oregon, with their mutual consent, and with the consent of the  
Witness my hand, this 5<sup>th</sup> day of November A.D. 1938

Witness my hand, this 5<sup>th</sup> day of November A.D. 1938

SIGNATURES OF CONTRACTING PARTIES

IN PRESENCE OF  
Nelson E. Coates  
Mabel S. Foster  
Pacific J. Plantino  
Ola H. Shreeve

FORM 1800-A 11111

SHAW & BORDEN CO. SPOKANE, WASH.

NOTE: This Certificate must be returned to the County Clerk of the County in which the ceremony was performed within thirty days from date of Marriage

State of Washington  
County of Skamania

ss.

I, Timothy O. Todd, Skamania County Auditor, do hereby certify that the foregoing instrument is a true and correct copy of the document now on file or recorded in my office. In witness whereof, I hereunto set my hand and official seal

this 20<sup>th</sup> day of June 2013

Timothy O. Todd, County Auditor

By Melissa Anderson Deputy


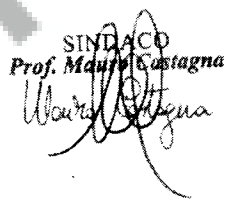
Unofficial Copy

# COMUNE DI OFENA

C.A.P. 67025

Formule A

<b>1</b>	STATO: ITALIA ÉTAT	<b>2</b>	PROVINCIA DI L'AQUILA SERVIZIO DELLO STATO CIVILE DI SERVICE DE L'ÉTAT CIVIL DE <b>OFENA</b>
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<b>3</b>	ESTRATTO DELL'ATTO DI NASCITA N° 25 EXTRAIT DE L'ACTE DE NAISSANCE		
<b>4</b>	DATA E LUOGO DI NASCITA DATE ET LIEU DE NAISSANCE	Jo Mo An 23 02 1916	
<b>5</b>	COGNOME NOM COLANTONIO		
<b>6</b>	PRENOMI PRÉNOMS QUIRINO PACIFICO GIOVANNI		
<b>7</b>	SESSO SEXE M	<b>8</b>	PADRE PÈRE
<b>9</b>	MADRE MÈRE		
<b>5</b>	COGNOME NOM	COLANTONIO	CICCONE
<b>6</b>	PRENOMI PRÉNOMS	GIUSEPPE	MARIA CARMELA
<b>10</b>	ALTRE ENUNCIAZIONI DELL'ATTO AUTRES ÉNONCIATIONS DE L'ACTE NESSUNA		
<b>11</b>	DATA DI RILASCIO, FIRMA, BOLLO DATE DE DÉLIVRANCE, SIGNATURE, SCEAU	Jo Mo An 08 07 2013	 SINDACO Prof. Mauro Castagna 

SYMBOLS / ZEICHEN / SYMBOLS / SIMBOLOS / ΣΥΜΒΟΛΑ / SIMBOLI / SYMBOLEN / SIMBOLOS / İŞARETLER / SIMBOLI / SIMBOLIAI

- Jo : Jour / Tag / Day / Dia / Ημέρα / Giorno / Dag / Dia / Gün / Dan / Diena
- Mo : Mois / Monat / Month / Mes / Μήν / Mese / Maand / Mês / Ay / Mesec / Mēnuo
- An : Année / Jahr / Year / Año / Έτος / Anno / Jaar / Ano / Yil / Godina / Metai
- M : Masculin / Männlich / Masculine / Masculino / Άρρεν / Maschile / Mannelijk / Masculino / Erkek / Muški / Vyras
- F : Féminin / Weiblich / Feminine / Femenino / Θήλυ / Femminile / Vrouwelijk / Feminino / Kadın / Ženski / Moteris
- Mar : Mariage / Eheschließung / Marriage / Matrimonio / Γάμος / Matrimonio / Huwelijk / Casamento / Evlenme / Zaključenje braka / Santuoka
- Sc : Séparation de corps / Trennung von Tisch und Bett / Legal separation / Separación personal / Χωρισμός από τραπέζης και κοίτης / Separazione personale / Scheidung van tafel en bed / Separação de pessoas e bens / Ayrılık / Fizička rastava / Gyvenimas skyrium
- Div : Divorce / Scheidung / Divorce / Divorcio / Διαζύγιον / Divorzio / Echtscheidung / Divórcio / Boşanma / Razvod / Ištuoka
- A : Annulation / Nichtigerklärung / Annulment / Anulación / Άκύρωσις / Annullamento / Nietigverklaring / Anulação / Iptal / Poništenje / Panaikinimas
- D : Décès / Tod / Death / Defunción / Θάνατος / Morte / Overlijden / Óbito / Ölüm / Smrt / Mirtis
- Dm : Décès du mari / Tod des Ehemanns / Death of the husband / Defunción del marido / Θάνατος του συζύγου / Morte del marito / Overlijden van de man / Óbito do marido / Kocanın ölümü / Smrt muža / Vyro mirtis
- Df : Décès de la femme / Tod der Ehefrau / Death of the wife / Defunción de la mujer / Θάνατος της συζύγου / Morte della moglie / Overlijden van de vrouw / Óbito da mulher / Karının ölümü / Smrt žene / Žmonos mirtis

STATE OF WASHINGTON  
DEPARTMENT OF HEALTH



CERTIFICATE OF DEATH

2 01806

146

STATE FILE NUMBER

TYPE OR PRINT IN PERMANENT BLACK INK

141

LOCAL FILE NUMBER

OFFICER USE ONLY

1. DISTRICT

2. CODES

3. HOSPITAL

4. OCCURRENCE

5. RESIDENCE

6. TRACT

7. OCCUPATION

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1. NAME First: Pacifico Middle: Quirino Last: Colantino		2. SEX (M / F) Male	3. DEATH DATE (Mo, Day, Yr) February 2, 1992
4. AGE LAST BIRTHDAY (Yrs) 75	5. UNDER 1 YEAR MOS DAYS	6. UNDER 1 DAY HOURS MINS	7. BIRTHDATE (Mo, Day, Yr) May 23, 1916
8. BIRTHPLACE (City, State or Foreign Country) Italy		9. WAS DECEDENT EVER IN U.S. ARMED FORCES? (Yes / No) Yes	10. COUNTY OF DEATH Clark
11. CITY, TOWN OR LOCATION OF DEATH Vancouver		12. PLACE OF DEATH—( ) BOX FOR PLACE THEN GIVE ADDRESS OR INSTITUTION NAME 1. HOME 2. IN TRANSPORT 3. EMERG. INADJUT. PTH 4. HOSP. 5. NUR. HOME 6. OTHER PLACE Southwest Washington Medical Center	
13. SMOKING IN LAST 15 YEARS? (Yes / No) Yes		14. MARITAL STATUS—Married, Never Married, Widowed, Divorced (Specify) Married	
15. SURVIVING SPOUSE (If wife, give maiden name) Mickey Anderson		16. SOCIAL SECURITY NO. [REDACTED]	17. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+) 7 yrs
18. USUAL OCCUPATION (Give kind of work done during most of working life. DO NOT USE RETIRED) Proprietor		19. KIND OF BUSINESS OR INDUSTRY Restaurant/Lounge	20. Was Decedent of Hispanic origin or descent? (Ancestry) (Specify Yes or No. If Yes, specify Cuban, Mexican, Puerto Rican, etc.) (Yes / No) Specify No
21. RACE (Specify) White		22. RESIDENCE—NUMBER AND STREET 15105 S.E. 5th Street	
23. CITY/TOWN, OR LOCATION Vancouver		24. INSIDE CITY LIMITS? (Yes / No) No	25. COUNTY Clark
26. LENGTH OF RES. IN CO. 5 yrs		27. STATE WA	28. ZIP CODE 98684
29. FATHER'S NAME—FIRST, MIDDLE, LAST Giuseppe COLANTONIO		30. MOTHER'S NAME—FIRST, MIDDLE, MAIDEN SURNAME Maria Carmela Ciccone	
31. INFORMANT—NAME Mickey Colantino		32. MAILING ADDRESS 15105 S.E. 5th Street Vancouver Washington 98684	
33. BURIAL, CREMATION, REMOVAL, OTHER (Specify) Cremation		34. DATE (Mo, Day, Yr) 2/4/92	35. CEMETERY/CREMATORY—NAME Park Hill Crematory
36. FUNERAL DIRECTOR SIGNATURE <i>[Signature]</i>		37. NAME OF FACILITY Evergreen Staples Funeral Chapel	38. ADDRESS OF FACILITY 4700 St. Johns Rd Vancouver, Washington 98661
39. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND WAS DUE TO THE CAUSE(S) STATED. SIGNATURE AND TITLE <i>[Signature]</i> Dr. Michael Lavelle		40. ON THE BASIS OF EXAMINATION AND/OR INVESTIGATION, IN MY OPINION DEATH OCCURRED AT THE TIME, DATE AND PLACE AND WAS DUE TO THE CAUSE(S) STATED. SIGNATURE AND TITLE <i>[Signature]</i>	
41. DATE SIGNED (Mo, Day, Yr) 2/4/92		42. HOUR OF DEATH (24 Hrs.) 1715	43. DATE SIGNED (Mo, Day, Yr)
44. NAME AND TITLE OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)		45. PRONOUNCED DEAD (Mo, Day, Yr)	46. HOUR PRONOUNCED DEAD (24 Hrs.)
47. NAME AND ADDRESS OF CERTIFIER—PHYSICIAN, MEDICAL EXAMINER OR CORONER (Type or Print) Dr. Michael Lavelle 602 N.E. 92nd Avenue Ste. #202 Vancouver, Washington 98664		48. ME/CORONER FILE NUMBER	
49. ENTER THE DISEASES, INJURIES, OR COMPLICATIONS WHICH CAUSED THE DEATH.			
IMMEDIATE CAUSE (Final disease or condition resulting in death) Atherosclerotic Heart Disease		INTERVAL BETWEEN ONSET AND DEATH	
DO NOT ENTER THE MODE OF DYING, SUCH AS CARDIAC OR RESPIRATORY ARREST, SHOCK, OR HEART FAILURE. LIST ONLY ONE CAUSE ON EACH LINE. Sequitally list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury which initiated events resulting in death) LAST.		B DUE TO, OR AS A CONSEQUENCE OF	
		C DUE TO, OR AS A CONSEQUENCE OF	
		D DUE TO, OR AS A CONSEQUENCE OF	
50. OTHER SIGNIFICANT CONDITIONS—CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN ABOVE		51. AUTOPSY? (Yes / No) No	52. WAS CASE REFERRED TO MEDICAL EXAMINER OR CORONER? (Yes / No) No
53. ACC. SUICIDE, HOMIC. UNDET. OR PENDING INVEST. (Specify)	54. INJURY DATE (Mo, Day, Yr)	55. HOUR OF INJURY (24 Hrs.)	56. DESCRIBE HOW INJURY OCCURRED:
57. INJURY AT WORK? (Yes / No)	58. PLACE OF INJURY—AT HOME, FARM, STREET, FACTORY, OFFICE, BLDG, ETC. (Specify)		59. LOCATION—STREET OR RFD NO., CITY/TOWN, STATE
60. RECORD AMENDMENT (Registrar use only): ITEM DOCUMENTARY EVIDENCE REVIEWED BY DATE 28 64541 Om 8/9/13		61. REGISTER SIGNATURE <i>[Signature]</i>	62. DATE RECEIVED (Mo, Day, Yr) FEB 4 1992

FOR INSTRUCTIONS SEE BACK AND HANDBOOK

DOH 110-008 (Rev. 7/91) (Formerly DSHS 9-150)