

# Town of Colonie Clerk's Office

**Julie L. Gansle**

**Town Clerk**

534 New Loudon Road

Latham, NY 12110

(518) 783-2734

## **WORKSHEET FOR MARRIAGE LICENSE**

There is a non-refundable \$40 fee which includes the license and original certificate of marriage. The license that you receive today has a New York State mandated 24-hour waiting period before it can be used and is valid for 59 days thereafter. You must be 18 years old to apply for this license without parental consent. Both parties to this marriage must appear in person at the Town Clerk's Office to sign the license before it can be issued. Licenses obtained in the Town of Colonie may be used anywhere in New York State.

**Required Identification (NO EXCEPTIONS) must be in English or translated by a certified translator:**

**1. PROOF OF IDENTITY- One of the following:** Driver's license, valid passport, state-issued non-driver photo-ID, employment photo ID, U.S. Military issued photo-ID, or immigration record.

**AND**

**2. PROOF OF AGE- One of the following:** Original sealed State issued birth certificate or a certified sealed copy, baptismal record with DOB, naturalization record with DOB, or Census record with DOB.

### **Bride/Groom/Spouse Information**

Name: \_\_\_\_\_

First Middle Last

Birth Name (If Different): \_\_\_\_\_

Surname (After Marriage): \_\_\_\_\_

Social Security #: \_\_\_\_\_

Home Address: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_

TVC: \_\_\_ Specify: \_\_\_\_\_ County \_\_\_\_\_

Residence within limits of incorporated City or Village? YES \_\_\_ NO \_\_\_

DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: M \_\_\_ F \_\_\_

Place of Birth: \_\_\_\_\_

Occupation: \_\_\_\_\_

Type of Industry or Business: \_\_\_\_\_

Father's Full Name: \_\_\_\_\_

Father's Country of Birth: \_\_\_\_\_

Mother's Full Maiden Name: \_\_\_\_\_

Mother's Country of Birth: \_\_\_\_\_

Number of previous marriages ending in Divorce: \_\_\_\_\_ or Death: \_\_\_\_\_. You must provide **\*CERTIFIED\*** copies of divorce papers or a death certificate for **each** previous marriage.

### **Bride/Groom/Spouse Information**

Name: \_\_\_\_\_

First Middle Last

Birth Name (If Different): \_\_\_\_\_

Surname (After Marriage): \_\_\_\_\_

Social Security #: \_\_\_\_\_

Home Address: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_

TVC: \_\_\_ Specify: \_\_\_\_\_ County \_\_\_\_\_

Residence within limits of incorporated City or Village? YES \_\_\_ NO \_\_\_

DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: M \_\_\_ F \_\_\_

Place of Birth: \_\_\_\_\_

Occupation: \_\_\_\_\_

Type of Industry or Business: \_\_\_\_\_

Father's Full Name: \_\_\_\_\_

Father's Country of Birth: \_\_\_\_\_

Mother's Full Maiden Name: \_\_\_\_\_

Mother's Country of Birth: \_\_\_\_\_

Number of previous marriages ending in Divorce: \_\_\_\_\_ or Death: \_\_\_\_\_. You must provide **\*CERTIFIED\*** copies of divorce papers or a death certificate for **each** previous marriage.