

Town of Colonie Clerk's Office

Julie L. Gansle, Town Clerk

534 New Loudon Road

Latham, NY 12110

(518) 783-2734

Fax: (518) 783-3409 email: infoclerk@colonie.org

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 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): _____

Name change (After Marriage):

Surname: _____

Middle name: _____

Social Security #: _____

Home Address: _____

TVC: ____ Specify: _____ County _____

(Town/Village/City) Residence within limits of incorporated City or Village? YES ____ NO ____

Daytime Phone: _____

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: ____ ***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): _____

Name change (After Marriage):

Surname: _____

Middle name: _____

Social Security #: _____

Home Address: _____

TVC: ____ Specify: _____ County _____

(Town/Village/City) Residence within limits of incorporated City or Village? YES ____ NO ____

Daytime Phone: _____

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: ____ ***CERTIFIED*** copies of divorce papers or a death certificate for **each** previous marriage.