



"The Heart of the Park... Where the Eagle Soars"

Joyce Grant Town Clerk, P.O. Box 67, 7209 Rte. 28, Shandaken, NY 12480 www.shandaken.us

townclerk@shandaken.us

Supervisor: (845) 688-7165
Police: (845) 688-9902
Town Clerk: (845) 688-5004
Justice Court: (845) 688-5005
Assessor: (845) 688-5003
ZBA/ZEO/Planning: (845) 688-5008
Highway: (845) 688-9901
Fax: (845) 688-2041

Certified Copy of Marriage Certificate – within 50 yrs. Of application can only be obtained by

- Bride or Groom
- Lawful representative of spouse
- Municipal State or Federal agency for official purposes

Cost \$22 per copy. Copy of Photo ID must be provided with notarized signature below.

I request _____ copy (copies) of the following

Name on Marriage Certificate _____ Date of Marriage _____

Send check or money order for \$22 for each copy made out to SHANDAKEN TOWN CLERK.

**Mail to
PO BOX 67, Shandaken NY 12480**

Address to send copies _____

Signature of Applicant _____ DATE _____

Contact Phone or email _____

Signature Must be Notorized

Subscribed and sworn before me this _____ day of _____, 201__

SEAL

Notary Public _____

TYPE OF RECORD DESIRED (Enter Number of Copies)

Search and Certified Transcript

**FEE \$22.
Per Copy**

A Certified Transcript is an abstract from the marriage record issued under the seal of the town/city clerk. It includes the names of the contracting parties, their residence at the time the license was issued, date and place of marriage as well as date and place of birth of the bride and groom.

A Certified Transcript may be used as proof that a marriage occurred.

Search and Certified Copy

**FEE \$22.
Per Copy**

A Certified Copy includes all of the items of information occurring on the original record of the marriage.

A Certified Copy may be needed where proof of parentage and certain other detailed information may be required such as: passports, veteran's benefits, court proceedings, or settlement of an estate.

Bride/Groom/Spouse

Name (as recorded on marriage license):

Date of Birth:
(or age at time of marriage)

First Middle Last

Birth Name (if different)

If Previously Married, State Name Used at that Time:

Residence (at time of marriage):

First Middle Last

County State

Bride/Groom/Spouse

Name (as recorded on marriage license):

Date of Birth:
(or age at time of marriage)

First Middle Last

Birth Name (if different)

If Previously Married, State Name Used at that Time:

Residence (at time of marriage):

First Middle Last

County State

Marriage Information

Place Where Marriage License Was Issued:

Place Where Marriage Was Performed:

Marriage Certificate No.:
(if known)

Local Registration No.:
(if known)

Town or City County

Town or City County

Purpose for which record is required:

Date of Marriage or Period Covered by Search:

Married on or Search from:

(mm / dd / yyyy)

In what capacity are you acting?:

What is your relationship to person whose record is required?
(If self, state "SELF".)

Search to:
(if searching period) *(mm / dd / yyyy)*

If attorney, give name and relationship of your client to person whose record is required:

Signature of Applicant

Date:

Applicant's Phone Number:

Name of Applicant:

Please print name and address where record is to be sent:

Address of Applicant:

City State ZIP

City State ZIP