

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

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

## 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 \$10 per copy. Copy of Photo ID must be provided with notarized signature below.

Cost \$10 per copy. Copy of Photo	id must be provided with notarized signature below.
I request copy (copies) of the fo	llowing
Name on Marriage Certificate	Date of Marriage
Send check or money order for \$ Mail to PO BOX 67, Shandaken NY 1248	0 for each copy made out to SHANDAKEN TOWN CLERK.
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 DESIRE	D (Enter Number	r of Copie	es)	
Search and Certified Transcript  A Certified Transcript is an abstract from the marriseal of the town/city clerk. It includes the names of	Search and Certified Copy  A Certified Copy includes all of the items of information occurring on the original record of the marriage.				
residence at the time the license was issued, date as date and place of birth of the bride and groom.  A Certified Transcript may be used as proof that a residuence.	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		and processings, or con-	SHOW OF CAT CO.	ato.	
Name (as recorded on marriage license):	***		*		Date of Birth:
ment of Health				1	or age at time of marriage)
First Middle If Previously Married, State Name Used at that	t Time:	ten major	Residence		f marriage):
in Floridady Marioa, State Name 3354 at that	5085 xo8 0.5		residence	(at time o	i mamage).
First Middle	Last	N. Zuite and	sbeuggi	County	State
Bride/Groom/Spouse					
Name (as recorded on marriage license):	MalD viiO vmadi/	A m tieur	esi ezneni h	and the second second	Date of Birth:
				A to is	or age at time of marriage)
First Middle If Previously Married, State Name Used at that	Time:		Residence		f marriago):
manual, etate name essa at ma	Juffalor City Clerk		residence	(at time of	mamage).
First Middle	Last			County	State
Marriage Information			-		
Place Where Marriage License Was Issued:	Place Where Marriage W	e Where Marriage Was Performed: Marriage Certific			Local Registration No.: (if known)
Town or City County	Town or City	County		Data of I	Mamia a a a Daria d
Purpose for which record is required:  Date of Marriage or Period Covered by Search:  Married on or					
In what capacity are you acting?:	nship to person whose record is required?		Search from	(mm / dd / yyyy)	
	(If self, state "SELF"	Search t			g period) (mm / dd / yyyy)
If attorney, give name and relationship of your of	client to person whose recor	d is required:	********		, p
•					stierinsM
Signature of Applicant	Date:	Applicant's Phone Numb	er:		
<b>•</b>	839-9876	NEW-YORK) (212)			
Name of Applicant:		Please print name and a	ddress where	record is t	to be sent:
	United the second				Bronx
Address of Applicant:	-Richmond (also Imovim as Staten Isla (Records prior to 1898 au				
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nage, we en me	of Haniffs.	the State Department	rillw		
City	State ZIP	City			State ZIP