New Jersey Department of Health

APPLICATION FOR LICENSE

MARRIAGE REMARRIAGE CIVIL UNION

(PLEASE PRINT OR TYPE)

DECLARATION O (Giving false informatio		DECLARATION OF APPLICANT B (Giving false information constitutes perjury.)			
Name (First, Middle, Last) (List name given at birth or on birth certiin	ficate/Maiden name)	Name (First, Middle, Last) (List name given at birth or on birth certificate/Maiden name)			
Street Address (Current Legal Residence	e)(See Note 1) County	Street Address (Current Legal Residence)(See Note 1) County			
Municipality of Residence (See Note 4)	State Zip Code	Municipality of Residence (See Note 4) State Zip Code			
1a. Current Name (if different)	2. Date of Birth	1a. Current Name (if different) 2. Date of Birth			
3. Birthplace	4. Sex MF 5. Age (See Note 2) Non-Binary	3. Birthplace 4. Sex MF Undesignated/ Non-Binary 5. Age (See Note 2)			
6. Domestic Status (at this time) (See Note	es 3 and 5)	6. Domestic Status (at this time) (See Notes 3 and 5)			
Date ☐Single	Place	Date Place Single			
□Widowed		□Widowed			
Divorced	_,	Divorced			
Annulled		Annulled			
Current Domestic Partner		Current Domestic Partner			
Former Domestic Partner		Former Domestic Partner			
Current Civil Union Partner	_	Current Civil Union Partner			
Former Civil Union Partner		Former Civil Union Partner			
For Remarriage to the same spouse, or l same partner, enter date and place of or		For Remarriage to the same spouse, or Reaffirmation of Civil Union to the same partner, enter date and place of original ceremony:			
☐ Marriage Date Place		☐Marriage Date Place			
Civil Union	_	Civil Union			
	of Most Recent Spouse (if any) (List name th or on birth certificate/Maiden name):	7a. Enter number of times ever Married (if applicable): 7b. Name of Most Recent Spouse (if any) (List name given at birth or on birth certificate/Maiden name):			
in a Civil Union (List na.	of Most Recent Civil Union Partner (if any) me given at birth or on birth certificate/ name):	Enter number of times ever in a Civil Union (List name given at birth or on birth certificate/ Maiden name): 8b. Name of Most Recent Civil Union Partner (if any) (List name given at birth or on birth certificate/ Maiden name):			
9a. Parent's Full Name at Birth	9b. Birthplace	9a. Parent's Full Name at Birth 9b. Birthplace			
10a. Parent's Full Name at Birth	10b. Birthplace	10a. Parent's Full Name at Birth 10b. Birthplace			
11. Are you related to Applicant B? If "YES," how?	□Yes □No	11. Are you related to Applicant A?			
	INFORMATION TO BE COMP	LETED BY <i>EITHER</i> APPLICANT			
12. In which Incorporated Municipality in Net to be performed? (See Note 4)	w Jersey do you intend for the ceremony	13 Intended Date of Ceremony 14. Telephone Number where either applicant can now be reached:			
15. Name and mailing address of person wh	no is to perform the ceremony:	16. Mailing Address where you may be reached after the ceremony:			

UPON COMPLETION, APPLICATION IS TO BE RETAINED AS A PERMANENT RECORD.

DECLARATION OF IDENTIFYING WITNESS

(Giving false information constitutes perjury)

1.	Name (First, Middle, Last):				
	Mailing Address (Street/PO Box):				
	City:			Zip Code:	
2.	Have the applicants correctly stated their ages and usual residence	ces?	Yes	□No	
3.	Did the applicants make you aware of any legal impediment to the marriage / remarriage / civil union / reaffirmation of civil union?	eir	□Yes	□No	
	If "Yes, " explain:				
	OATH OR AFFIRMATION OF APPLICAN	TS AND IDEN	ITIFYING W	/ITNESS	
m ia	OTE TO REGISTRAR - Applicants and witness should be told that tak laximum fine of \$7,500.00. In any case where application is made be lentifying witness must return when the second applicant completes the lace again on the line below that on which he/she signed when appearing	ring a false oath only one appliched application. In	constitutes perju cant to begin to such a case	ury, which is punishable by a he waiting period, the same	
in	/e, who have hereunder signed our names, do solemnly sweat competent; the answers given by us in this application for a marri- cense are true, full and perfect answers to each and all of said ques	age, remarriage,			
	Signature of Applicant A:		Date:		
	Signature of Applicant B:				
	Signature of Witness:				
	Second Signature of Witness (if necessary):				
	Sworn (or affirmed) and subscribed before me at				
	this day of ,	20 at		AM PM	
	Signature of Registrar:				
	REGISTRAR - DO NOT insert place and date of ceremony or file the thereof is sent to you. Follow-up on all licenses for completion.	e application until	either the com	pleted certificate or copy	
	License Number:	Date of Issue: _			
	Ceremony Performed in (City, Borough, Twp.):				
	Date of Ceremony:				
which NOT the ti NOT require or jo marr which affida contri shou	n, when absent, the applicant intends to return. E 2. Both applicants must be a minimum of 18 years of age at me of application. E 3. When a remarriage or reaffirmation of civil union license is ested, indicate in Question 6 that the parties are already married ined in a civil union. It is required that proof of the previous raige or civil union be submitted to you. Common law marriages, where legal prior to December 1, 1939, must be established by avit showing the place and date of the common law marriage ract. The place and date of the previous marriage or civil union license is more discovered by the previous marriage or civil union law marriage and the place and date of the common law marriage ract. The place and date of the previous marriage or civil union law marriage and the place and date of the common law marriage and the place and date of the previous marriage or civil union license is provided in the previous marriage.	eviously joined in nother state. OTE 4. Municipality resides, in presidents of New unicipality where the ark the license accorder. The Region Union, or term is application, in pocument. Such determination.	ty of residence is not the mailing w Jersey, the and the ceremony will cordingly. Strar's review of ination of Dome no way implied termination can determination can determinate	rmation of a civil union of a minor civil union to the same partner in a the municipality where applicant address. If both applicants are application must be made in the I be performed. Registrar should a divorce decree, dissolution or estic Partnership, submitted with the total the submitted only be made by a court of law.	
APPLICANTS MUST PROVIDE THEIR SOCIAL SECURITY NUMBERS (N. J. S. 37:1-17) Social Security Number of Applicant A Social Security Number of Applicant B					
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Social Security Numbers shall be kept confidential and may only be released for child support purposes and this document shall not be considered a public record pursuant to P. L. 1963, C.73 (C.47:1A-1 et seq.).