

**New Jersey Department of Health
APPLICATION FOR LICENSE**

☐ MARRIAGE

☐ REMARRIAGE

☐ CIVIL UNION

☐ REAFFIRMATION OF CIVIL UNION

(PLEASE PRINT OR TYPE)

DECLARATION OF APPLICANT A <i>(Giving false information constitutes perjury.)</i>				DECLARATION OF APPLICANT B <i>(Giving false information constitutes perjury.)</i>			
1. Name (First, Middle, Last) <i>(List name given at birth or on birth certificate/Maiden name)</i>				1. Name (First, Middle, Last) <i>(List name given at birth or on birth certificate/Maiden name)</i>			
Street Address (Current Legal Residence) (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 <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Undesignated/ Non-Binary	5. Age <i>(See Note 2)</i>		3. Birthplace	4. Sex <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Undesignated/ Non-Binary	5. Age <i>(See Note 2)</i>	
6. Domestic Status (at this time) (See Notes 3 and 5)				6. Domestic Status (at this time) (See Notes 3 and 5)			
<div style="display: flex; justify-content: space-between;"> Date Place </div> <input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Annulled <input type="checkbox"/> Current Domestic Partner <input type="checkbox"/> Former Domestic Partner <input type="checkbox"/> Current Civil Union Partner <input type="checkbox"/> Former Civil Union Partner				<div style="display: flex; justify-content: space-between;"> Date Place </div> <input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Annulled <input type="checkbox"/> Current Domestic Partner <input type="checkbox"/> Former Domestic Partner <input type="checkbox"/> Current Civil Union Partner <input type="checkbox"/> Former Civil Union Partner			
For Remarriage to the same spouse, or Reaffirmation of Civil Union to the same partner, enter date and place of original ceremony: <div style="display: flex; justify-content: space-between;"> Date Place </div> <input type="checkbox"/> Marriage <input type="checkbox"/> Civil Union				For Remarriage to the same spouse, or Reaffirmation of Civil Union to the same partner, enter date and place of original ceremony: <div style="display: flex; justify-content: space-between;"> Date Place </div> <input type="checkbox"/> Marriage <input type="checkbox"/> Civil Union			
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):		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):	
8a. Enter number of times ever in a Civil Union (if applicable):		8b. Name of Most Recent Civil Union Partner (if any) (List name given at birth or on birth certificate/Maiden name):		8a. Enter number of times ever in a Civil Union (if applicable):		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? <input type="checkbox"/> Yes <input type="checkbox"/> No				11. Are you related to Applicant A? If "YES," how? <input type="checkbox"/> Yes <input type="checkbox"/> No			
INFORMATION TO BE COMPLETED BY EITHER APPLICANT							
12. In which Incorporated Municipality in New Jersey do you intend for the ceremony to be performed? (See Note 4)				13. Intended Date of Ceremony		14. Telephone Number where either applicant can now be reached:	
15. Name and mailing address of person who is to perform the ceremony:				16. Mailing Address where you may be reached after the ceremony:			

(See Notes on Page 2)

Continue with Declaration of Identifying Witness and Oath.

