## New Jersey Department of Health

APPLICATION FOR LICENSE

MARRIAGE REMARRIAGE CIVIL UNION

(PLEASE PRINT OR TYPE)

DECLARATION OF APPLICANT A (Giving false information constitutes perjury.)					DECLARATION OF APPLICANT B (Giving false information constitutes perjury.)						
Name (First, Middle, Last)     (List name given at birth or on birth certificate/Maiden name)					Name (First, Middle, Last)     (List name given at birth or on birth certificate/Maiden name)						
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		a. Current Name (if different)	2. Date of Birth					
3. Birthplace	4. Sex M Undesign Non-Binar	ated/	5. Age (See Note 2)	☐ Unde			4. Sex ☐ M ☐ Undesign Non-Binan		5. Age (See Note 2)		
Annulled Current Domestic Partner Former Domestic Partner Current Civil Union Partner Former Civil Union Partner For Remarriage to the same spouse, or same partner, enter date and place of or Marriage Civil Union  7a. Enter number of times ever 7b. Name of	Reaffirmation o	y: Place Spouse	nion to the		Domestic Status (at this time  Single  Widowed  Divorced  Annulled  Current Domestic  Partner  Former Domestic  Partner  Union Partner  Former Civil  Union Partner  For Remarriage to the same same partner, enter date and  Marriage  Civil Union  Enter number of times ever Married (if applicable):	spouse, or fd place of ori Date	Reaffirmation or ginal ceremony	/: Pla Spous	Union to the		
8a. Enter number of times ever in a 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 (List name given at birth or on birth certificate/ (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	ent'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			10	a. Parent's Full Name at Birth	10b. Birthplace						
11. Are you related to Applicant B? If "YES," how?				11. Are you related to Applicant A? Yes If "YES," how?			□Yes	(	□No		
	ED BY <i>EITHER</i> APPLICA	ANT	•		·-						
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 Numb applicant can now						
15. Name and mailing address of person who 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)

	(Olving talso information of	onomiatoo ponja	.,,,				
1.	Name (First, Middle, Last):						
	Mailing Address (Street/PO Box):						
	City:	State:		Zip Code:			
2.	Have the applicants correctly stated their ages and usual residen		∐Yes	□No			
3.	Did the applicants make you aware of any legal impediment to the marriage / remarriage / civil union / reaffirmation of civil union?	heir	∐Yes	□No			
	If "Yes, " explain:				***************************************		
	OATH OR AFFIRMATION OF APPLICAN	NTS AND IE	ENTIFYING	G WITNESS			
n id a	NOTE TO REGISTRAR - Applicants and witness should be told that ta maximum fine of \$7,500.00. In any case where application is made dentifying witness must return when the second applicant completes th again on the line below that on which he/she signed when appearing wi	by only one a e application. I ith the first appl	pplicant to beg n such a case icant.	gin the waiting pe the same witness	riod, the same must sign once		
t	Ne, who have hereunder signed our names, do solemnly swear (or he answers given by us in this application for a marriage, remarriag full and perfect answers to each and all of said questions.	affirm) that we ge, civil union,	are not currer or reaffirmatio	ntly ruled mentally on of civil union lic	r incompetent; ense are true,		
	Signature of Applicant A:		Date:				
	Signature of Applicant B:		Date: _				
	Signature of Witness:		Date:				
	Second Signature of Witness (if necessary):		Date:				
	Sworn (or affirmed) and subscribed before me at this day of			AM			
		, 20	<u> </u>	, 114.	• •••		
	Signature of Registrar:  REGISTRAR - DO NOT insert place and date of ceremony or file t thereof is sent to you. Follow-up on all licenses for completion.	he application	until either the	completed certifica	ate or copy		
	License Number:	Date of Issue:					
	Ceremony Performed in (City, Borough, Twp.):						
	Date of Ceremony:						
which NO time NO requestrates which was afficient to the normal n	ch, when absent, the applicant intends to return.  TE 2. Both applicants must be a minimum of 18 years of age at the e of application.  TE 3. When a remarriage or reaffirmation of civil union license is uested, indicate in Question 6 that the parties are already married oined in a civil union. It is required that proof of the previous riage or civil union be submitted to you. Common law marriages, ch were legal prior to December 1, 1939, must be established by davit showing the place and date of the common law marriage tract. The place and date of the previous marriage or civil union	the remarriage of joined in a marri- NOTE 4. Munic physically residents of municipality whe mark the license NOTE 5. The Reunion, or terminapplication, in new polication, in new polication, in new polication, in the polication, in the second polication polication, in the second polication polication, in the second polication polication polication polication, in the second polication polic	or reaffirmation age or civil unio ipality of resider es, not the main New Jersey, the the ceremone accordingly. The egistran's review that ion of Domeo way implies the ceremone of the ceremone in the ceremone in the ceremone in the ceremone is the ceremone in the ceremone in the ceremone is the ceremone in the ceremone in the ceremone is the ceremone in the ceremone in the ceremone is the ceremone in the ceremone is the ceremone in the ceremone in the ceremone is the ceremone in the ceremone in the ceremone is the ceremone in the ceremone is the ceremone in the ceremone in the ceremone is the cerem	ed. Consent of par of a civil union of in to the same partn nce is the municipal iling address. If b the application mus ny will be performed of a divorce decree estic Partnership, s he validity of the su made by a court of	a minor previously er in another state. ity where applicant oth applicants are at be made in the Registrar should dissolution of Civil ubmitted with this bmitted document.		
	APPLICANTS MUST PROVIDE THEIR SOCIAL						
Socia	al Security Number of Applicant A Soc	cial Security Nur	nber of Applicar	н о -			
	Social Security Numbers shall be kept confidential and ma this document shall not be considered a public record po	y only be releas	ed for child sup	port purposes and 7:1A-1 et seg.).			