

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

MARRIAGE

REMARRIAGE

CIVIL UNION

REAFFIRMATION OF CIVIL UNION

(PLEASE PRINT OR TYPE)

DECLARATION OF APPLICANT A
(Giving false information constitutes perjury.)

DECLARATION OF APPLICANT B
(Giving false information constitutes perjury.)

1. Name (First, Middle, Last)
(List name given at birth or on birth certificate/Maiden name)

Street Address (Current Legal Residence) (See Note 1) County

Municipality of Residence (See Note 4) State Zip Code

1. Name (First, Middle, Last)
(List name given at birth or on birth certificate/Maiden name)

Street Address (Current Legal Residence) (See Note 1) County

Municipality of Residence (See Note 4) State Zip Code

1a. Current Name (if different) 2. Date of Birth

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3. Birthplace 4. Sex M F Undesignated/Non-Binary 5. Age (See Note 2)

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6. Domestic Status (at this time) (See Notes 3 and 5)

	Date	Place
<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	_____	_____

6. Domestic Status (at this time) (See Notes 3 and 5)

	Date	Place
<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:

<input type="checkbox"/> Marriage	Date	Place
<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:

<input type="checkbox"/> Marriage	Date	Place
<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):

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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? Yes No
If "YES," how?

11. Are you related to Applicant A? Yes No
If "YES," how?

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.

DECLARATION OF IDENTIFYING WITNESS

(Giving false information constitutes perjury)

- 1. Name (First, Middle, Last):
Mailing Address (Street/PO Box):
City: State: Zip Code:
2. Have the applicants correctly stated their ages and usual residences?
3. Did the applicants make you aware of any legal impediment to their marriage / remarriage / civil union / reaffirmation of civil union?
If "Yes," explain:

OATH OR AFFIRMATION OF APPLICANTS AND IDENTIFYING WITNESS

NOTE TO REGISTRAR - Applicants and witness should be told that taking a false oath constitutes perjury, which is punishable by a maximum fine of \$7,500.00.

We, who have hereunder signed our names, do solemnly swear (or affirm) that we are not currently ruled mentally incompetent; the answers given by us in this application for a marriage, remarriage, civil union, or reaffirmation of civil union license are true, full and perfect answers to each and all of said questions.

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 , 20 at AM PM

Signature of Registrar:

REGISTRAR - DO NOT insert place and date of ceremony or file the application until either the completed certificate or copy thereof is sent to you. Follow-up on all licenses for completion.

License Number: Date of Issue:

Ceremony Performed in (City, Borough, Twp.):

Date of Ceremony:

NOTE 1. This is the permanent home and principal establishment to which, when absent, the applicant intends to return.

NOTE 2. Both applicants must be a minimum of 18 years of age at the time of application.

NOTE 3. When a remarriage or reaffirmation of civil union license is requested, indicate in Question 6 that the parties are already married or joined in a civil union.

two hour waiting period is waived. Consent of parents is required for the remarriage or reaffirmation of a civil union of a minor previously joined in a marriage or civil union to the same partner in another state.

NOTE 4. Municipality of residence is the municipality where applicant physically resides, not the mailing address. If both applicants are nonresidents of New Jersey, the application must be made in the municipality where the ceremony will be performed.

NOTE 5. The Registrar's review of a divorce decree, dissolution of Civil Union, or termination of Domestic Partnership, submitted with this application, in no way implies the validity of the submitted document. Such determination can 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

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.).