

**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) 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):		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? <input type="checkbox"/> Yes <input type="checkbox"/> No If "YES," how?				11. Are you related to Applicant A? <input type="checkbox"/> Yes <input type="checkbox"/> 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.

- NOTE 4. Municipality of residence is the municipality where applicant physically resides, not the mailing address.
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.

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.).