## New Jersey Department of Health

**APPLICATION FOR LICENSE** 

■ MARRIAGE ☐ REMARRIAGE

CIV	1 1	INI	ON

☐ 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.)						
			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			1a. Current Name (if different)  2. Date of Birth							
3.	Birthplace	4. Sex M M Undesigna	ited/	5. Age (See Note 2)	3. E	Birthplace		4. Sex M M Undesignate Non-Binary	1/See Note 2)	
6.	Domestic Status (at this time) (See I		-		6. E	Domestic Status (at this time)			Place	
	Date □Single		Place		Г	Single	Date		Place	
	Widowed				I _	Widowed				
	Divorced				l	Divorced				
	Annulled				Ι -	Annulled		*-		
	Current Domestic					Current Domestic				
	Partner  Former Domestic  Partner  Current Civil  Union Partner  Former Civil		Former Domestic Partner  Current Civil Union Partner							
ı										
ı			□Former Civil Union Partner							
Union Partner For Remarriage to the same spouse, or Reaffirmation of Civil Union to the same partner, enter date and place of original ceremony:				For Remarriage to the same spouse, or Reaffirmation of Civil Union to the same partner, enter date and place of original ceremony:						
									□ Date Place	
	Civil Union		Civil Union							
		me of Most Recent S It birth or on birth ce								
		me of Most Recent C it name given at birth iden name):	Civil Uni	ion Partner (if any) birth certificate/	l i	Enter number of times ever n a Civil Union if applicable):	8b. Name o (List nar Maiden	f Most Recent Civil Union Partner (if any) me given at birth or on birth certificate/ name):		
9a.	Parent's Full Name at Birth	9b. Birthplace			9a.	Parent's Full Name at Birth		9b. Birthplace		
10a	0a. Parent's Full Name at Birth 10b. Birthplace		10a	10a. Parent's Full Name at Birth 10b. Birthplace						
	Are you related to Applicant B? If "YES," how?	☐Yes		]No		Are you related to Applicant If "YES," how?	A?	□Yes	□No	
INFORMATION TO BE COMPLETE					D 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 1	ntended Date of Ceremony			mber where either 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:							

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

## **DECLARATION OF IDENTIFYING WITNESS**

(Giving false information constitutes perjury)

		(Giving laise illiormati				
1.	Name (First, Middle, Last	):				
	Mailing Address (Street/P	O Box):				
	City:		Sta	nte:	Zip Code:	
2,	Have the applicants corre	ctly stated their ages and usual re	sidences?	∐Yes	□No	
3.		ou aware of any legal impediment vil union / reaffirmation of civil unio		∐Yes	□No	
	If "Yes, " explain:					
	OATH OR	AFFIRMATION OF APPLIC	CANTS AND	IDENTIFYIN	IG WITNESS	
n id a	naximum fine of \$7,500.00. dentifying witness must return gain on the line below that on	licants and witness should be told the line any case where application is meaning the when the second applicant complete which he/she signed when appearing the line	nade by only on es the application ng with the first a	e applicant to be n. In such a case applicant.	egin the waiting per the same witnes:	eriod, the same s must sign once
ti	he answers given by us in th	ned our names, do solemnly swear is application for a marriage, rema ach and all of said questions.	r (or affirm) that ırriage, civil unid	we are not curre on, or reaffirmati	ently ruled menta ion of civil union l	lly incompetent; icense are true,
	Signature of Applicant A:	3 <del></del>		Date:		
	Signature of Applicant B:			Date:		
	Signature of Witness:	1		Date:	<u> </u>	
	Second Signature of Witness (if necessary):	a		Date:	T .	
	Sworn (or affirmed) and s	subscribed before me at				
	,	day of				
	Signature of Registrar:				:	
	REGISTRAR - DO NOT in	sert place and date of ceremony or ow-up on all licenses for completion.	file the applicati	on until either the	e completed certif	icate or copy
	License Number:		Date of I	ssue:		
	Ceremony Performed in	(City, Borough, Twp.):				
	Date of Ceremony:					
whice NOT time NOT reque or joe man whice affid	ch, when absent, the applicant in TE 2. Both applicants must be a cof application.  TE 3. When a remarriage or research, indicate in Question 6 to bined in a civil union. It is reprize or civil union be submitted the were legal prior to December applications of the place and details.	ome and principal establishment to natends to return.  In minimum of 18 years of age at the eaffirmation of civil union license is not the parties are already married equired that proof of the previous of to you. Common law marriages, or 1, 1939, must be established by ate of the common law marriage are previous marriage or civil union	the remarria joined in a m NOTE 4. Mi physically re nonresidents municipality mark the lice NOTE 5. Th Union, or te	ge or reaffirmation parriage or civil uni- cunicipality of residency esides, not the mage of New Jersey, where the ceremonence accordingly. The Registrar's review ermination of Don	n of a civil union of the same parence is the municipaling address. If the application mony will be performed wo fadivorce decreases to Partnership,	arents is required for a minor previously ther in another state. It is a possible to the property of a minor previously where applicant both applicants are must be made in the led. Registrar should be e, dissolution of Civil submitted with this submitted document.
		ation and the license. The seventy-			e made by a court	
işli i	APPLI	CANTS MUST PROVIDE THEIR SOC	IAL SECURITY I	NUMBERS (N. J.	S. 37:1-17)	
Socia	al Security Number of Applicant	A	Social Security	Number of Applica	ant B	1 f F
	Social Security	Numbers shall be kept confidential an			pport purposes and .47:1A-1 et seq.).	1