New Jersey Department of Health APPLICATION FOR LICENSE

MARRIAGE ☐ REMARRIAGE ☐ C

	CIVIL UNION	☐ REAFFIRMATION OF CIVIL UNION
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(PLEASE PRINT OR TYPE)

DECLARATION O (Giving false information		DECLARATION OF APPLICANT B (Giving false information constitutes perjury.)			
Name (First, Middle, Last) (List name given at birth or on birth certif)	ficate/Maiden name)	Name (First, Middle, Last) (List name given at birth or on birth certificate/Maiden name)			
Street Address (Current Legal Residence	e) (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 F 5. Age (See Note 2) Undesignated/ Non-Binary	3. Birthplace	4. Sex M F 5. Age (See Note 2) Non-Binary		
6. Domestic Status (at this time) (See Note	s 3 and 5)	6. Domestic Status (at this time) (See No	tes 3 and 5)		
Date	Place	Date	Place		
Single		□Single			
□Widowed		□Widowed			
Divorced		□ Divorced	 _		
Annulled		Annulled	<u> </u>		
Current Domestic Partner		Current Domestic Partner			
Former Domestic		Former Domestic			
Current Civil Union Partner		Current Civil Union Partner			
Former Civil Union Partner		Former Civil Union Partner			
For Remarriage to the same spouse, or I same partner, enter date and place of ori		For Remarriage to the same spouse, or Reaffirmation of Civil Union to the same partner, enter date and place of original ceremony: Date Place			
☐Marriage ☐Civil Union		☐Marriage ☐Civil Union			
7a. Enter number of times ever Married (if applicable): 7b. Name of given at bir	of Most Recent Spouse (if any) (List name th 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):			
	If Most Recent Civil Union Partner (if any) me given at birth or on birth certificate/ 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	ent's Full Name at Birth 9b. Birthplace		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?		11. Are you related to Applicant A? If "YES," how?	☐Yes ☐No		
	INFORMATION TO BE COMPL	ETED BY <i>EITHER</i> 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 wh	o is to perform the ceremony:	16. Mailing Address where you may be rea	ached after the ceremony:		

$\textbf{\textit{UPON COMPLETION, APPLICATION IS TO BE RETAINED AS A PERMANENT RECORD.}\\$

DECLARATION OF IDENTIFYING WITNESS

(Giving false information constitutes perjury)

1.	Name (First, Middle, Last)	·	· · · · · · · · · · · · · · · · · · ·	3,		
		O Box):				
					ip Code:	
2.		ctly stated their ages and usual re		□Yes	□No	
3.		ou aware of any legal impedimer il union / reaffirmation of civil uni		□Yes	□No	
	If "Yes, " explain:					
	OATH OR	AFFIRMATION OF APPLI	ICANTS AND I	DENTIFYING	WITNESS	
m ia aç	OTE TO REGISTRAR - Appl paximum fine of \$7,500.00. I lentifying witness must return gain on the line below that on	cants and witness should be told in any case where application is when the second applicant comple which he/she signed when appear.	that taking a false of made by only one tes the application. ing with the first app	eath constitutes p applicant to begi In such a case th licant.	erjury, which is p in the waiting pe ne same witness i	riod, the same must sign once
th	e, who have hereunder sigr e answers given by us in thi and perfect answers to ea	ed our names, do solemnly swea s application for a marriage, rem ch and all of said questions.	ar (or affirm) that w arriage, civil union	e are not current , or reaffirmation	tly ruled mentally 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 si	ubscribed before me at				
	this	_ day of	, 20	_ at	AM	PM
	Signature of Registrar:					
		sert place and date of ceremony o w-up on all licenses for completion		until either the c	ompleted certifica	ate or copy
	License Number:		Date of Issu	ue:		
	Ceremony Performed in (0	City, Borough, Twp.):				
	Date of Ceremony:					
which NOT time NOT reque or jo marri which affida contr	n, when absent, the applicant in E 2. Both applicants must be a of application. E 3. When a remarriage or reasted, indicate in Question 6 the ined in a civil union. It is reasted or civil union be submitted in were legal prior to December avit showing the place and date of the	me and principal establishment to tends to return. minimum of 18 years of age at the affirmation of civil union license is at the parties are already married quired that proof of the previous to you. Common law marriages, 1, 1939, must be established by te of the common law marriage a previous marriage or civil union cion and the license. The seventy-	the remarriage joined in a mari NOTE 4. Muni physically residents of municipality who mark the licens NOTE 5. The Funion, or term application, in a solution of the solution o	or reaffirmation or reaffirmation or reaffirmation or residence des, not the mailing for New Jersey, there the ceremony e accordingly. Registrar's review or ination of Domes no way implies the	of a civil union of a to the same partnote is the municipal and address. If be application must will be performed of a divorce decree stic Partnership, s	ents is required for a minor previously er in another state. ity where applicant oth applicants are st be made in the . Registrar should dissolution of Civil submitted with this bmitted document. law.
Cocis		CANTS MUST PROVIDE THEIR SO				
Social	Security Number of Applicant A		Social Security Nu	inber of Applicant		1 1