

**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 | | | | Municipality of Residence (See Note 4) State | | | |
| Zip Code | | | | 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) | | | | 6. Domestic Status (at this time) (See Notes 3 and 5) | | | |
| <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 | | | | <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 | | | |
| Date _____ Place _____ 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 Date _____ Place _____ | | | | Date _____ Place _____ 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 Date _____ Place _____ | | | |
| 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.

Table with 2 columns: Social Security Number of Applicant A, Social Security Number of Applicant B. Includes a footer note: 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.).