New Jersey Department of Health APPLICATION FOR LICENSE

☐ MARRIAGE ☐ REMARRIAGE [

	UNION
LIVIL	UNIUN

☐ REAFFIRMATION OF CIVIL UNION

(PLEASE PRINT OR TYPE)

DECLARATION C (Giving false information)		DECLARATION OF APPLICANT B (Giving false information constitutes perjury.)			
Name (First, Middle, Last) (List name given at birth or on birth certification)	ificate/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	Undesignated/ Non-Binary (See Note 2)	3. Birthplace	4. Sex M F 5. Age (See Note 2) Non-Binary		
6. Domestic Status (at this time) (See Note	es 3 and 5)	6. Domestic Status (at this time) (See Note	s 3 and 5)		
Date Single	Place	Date Single	Place		
□Widowed		□Widowed			
Divorced					
	<u> </u>		- <u> </u>		
Annulled		Annulled			
Current Domestic Partner		Current Domestic Partner			
Former Domestic Partner		Former Domestic Partner			
☐Current Civil Union Partner		Current Civil Union Partner			
Former Civil Union Partner		Former Civil Union Partner			
For Remarriage to the same spouse, or same partner, enter date and place of or	riginal ceremony:	For Remarriage to the same spouse, or Reaffirmation of Civil Union to the same partner, enter date and place of original ceremony:			
☐Marriage ☐Civil Union	Place	☐Marriage ☐Civil Union	Place		
7a. Enter number of times ever 17b. Name of	of Most Recent Spouse (if any) (List name	7a. Enter number of times ever 7b. Name o	f Most Recent Spouse (if any) (List name		
	rth or on birth certificate/Maiden name):	Married (if applicable): 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):		in a Civil Union (List nai	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? If "YES," how?	□Yes □No	11. Are you related to Applicant A? If "YES," how?	□Yes □No		
	INFORMATION TO BE COMPLI	ETED BY <i>EITHER</i> APPLICANT			
12. In which Incorporated Municipality in Ne to be performed? (See Note 4)	w Jersey do you intend for the ceremony	13 Intended Date of Ceremony	Telephone Number where either applicant can now be reached:		
15. Name and mailing address of person when the second sec	no is to perform the ceremony:	16. Mailing Address where you may be reac	hed after the ceremony:		

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

DECLARATION OF IDENTIFYING WITNESS

(Giving false information constitutes perjury)

1.	Name (First Middle Last):		,			
٠.	Name (First, Middle, Last):					
	Mailing Address (Street/PO Box):					
•	City:		_	Code:		
2.	Have the applicants correctly stated their ages and usual resid		∐Yes	∐No		
3.	Did the applicants make you aware of any legal impediment to marriage / remarriage / civil union / reaffirmation of civil union?		□Yes	□No		
	If "Yes, " explain:					
	OATH OR AFFIRMATION OF APPLICA	ANTS AND IDE	NTIFYING	WITNESS		
	NOTE TO REGISTRAR - Applicants and witness should be told that maximum fine of \$7,500.00. In any case where application is macidentifying witness must return when the second applicant completes again on the line below that on which he/she signed when appearing	taking a false oath de by only one app the application. In s	constitutes per plicant to begin such a case the	jury, which is pui the waiting perio	od, the same	
	We, who have hereunder signed our names, do solemnly swear (of the answers given by us in this application for a marriage, remarri full and perfect answers to each and all of said questions.					
	Signature of Applicant A:		Date:			
	Signature of Applicant B:					
	Signature of Witness:					
	Second Signature of Witness (if necessary):					
	Output (and the sail and before and a					
	this day of	, 20 a	t	AM	PM	
	Signature of Registrar:					
	REGISTRAR - DO NOT insert place and date of ceremony or file thereof is sent to you. Follow-up on all licenses for completion.	e the application un	til either the cor	mpleted certificat	e or copy	
	License Number: Date of Issue:					
	Ceremony Performed in (City, Borough, Twp.):					
	Date of Ceremony:	_				
white NO time NO requirements or many white affilic corrections.	TE 1. This is the permanent home and principal establishment to ich, when absent, the applicant intends to return. TE 2. Both applicants must be a minimum of 18 years of age at the e of application. TE 3. When a remarriage or reaffirmation of civil union license is juested, indicate in Question 6 that the parties are already married joined in a civil union. It is required that proof of the previous irriage or civil union be submitted to you. Common law marriages, ich were legal prior to December 1, 1939, must be established by davit showing the place and date of the common law marriage intract. The place and date of the previous marriage or civil union bould be stated on both the application and the license. The seventy-	two hour waiting p the remarriage or joined in a marriag NOTE 4. Municipa physically resides, nonresidents of N municipality where mark the license at NOTE 5. The Regi Union, or terminal application, in no v Such determination	reaffirmation of a or civil union to ality of residence not the mailing ew Jersey, the the ceremony we cordingly. strar's review of a tion of Domestic way implies the vision of the cordination of the co	a civil union of a the same partner is the municipality address. If bot application must will be performed. a divorce decree, or Partnership, sulvalidity of the subrate of	minor previously r in another state. y where applicant th applicants are be made in the Registrar should dissolution of Civil bmitted with this mitted document.	
				.1 17\		
_	APPLICANTS MUST PROVIDE THEIR SOCIAL			-		
Soc	ial Security Number of Applicant A	L SECURITY NUMB locial Security Numb		-	<u> </u>	
Soc		ocial Security Numb	er of Applicant B			