New Jersey Department of Health APPLICATION FOR LICENSE

☐ MARRIAGE ☐ REMARRIAGE ☐ CIVIL UNION

(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) (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) Non-Binary	3. Birthplace	4. Sex M F 5. Age (See Note 2) Non-Binary			
6. Domestic Status (at this time) (See Note Date Date Single Widowed Divorced Annulled Current Domestic Partner Current Civil Union Partner Dromestic Partner Civil Union Partner Dromestic Partner Civil Union Civil Union Civil Union Civil Union Civil Union Tate Civil Union	Place Reaffirmation of Civil Union to the iginal ceremony: Place		Place Place			
8a. Enter number of times ever in a Civil Union (<i>List nal Maiden</i>):	me given at birth or on birth certificate/	in a Civil Union (List na	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?		11. Are you related to Applicant A?				
INFORMATION TO BE COMPLETED BY EITHER APPLICANT						
12. In which Incorporated Municipality in New to be performed? (See Note 4)	w Jersey do you intend for the ceremony	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 read	hed after the ceremony:			

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):	, , ,				
	Mailing Address (Street/PO Box):					
	City:					
2.	Have the applicants correctly stated their ages and usual residen		Yes	□No		
3.	Did the applicants make you aware of any legal impediment to th marriage / remarriage / civil union / reaffirmation of civil union?	eir	□Yes	□No		
	If "Yes, " explain:					
	OATH OR AFFIRMATION OF APPLICAN	ITS AND IDE	NTIFYING V	WITNESS		
1	NOTE TO REGISTRAR - Applicants and witness should be told that ta maximum fine of \$7,500.00. In any case where application is made identifying witness must return when the second applicant completes the again on the line below that on which he/she signed when appearing wit	by only one app application. In s	licant to begin such a case the	the waiting perio	od, the same	
1	We, who have hereunder signed our names, do solemnly swear (or a the answers given by us in this application for a marriage, remarriag 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:			
	this day of	, 20 at		_ AM	PM	
	Signature of Registrar:					
	REGISTRAR - DO NOT insert place and date of ceremony or file the thereof is sent to you. Follow-up on all licenses for completion.	ne application unt	til either the co	mpleted certificat	e or copy	
	License Number: Date of Issue:					
	Ceremony Performed in (City, Borough, Twp.):					
	Date of Ceremony:					
whi NO time NO req or j mai whi affie con	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. It is required that proof of the previous marriage or civil union be submitted to you. Common law marriages, which were legal prior to December 1, 1939, must be established by affidavit showing the place and date of the common law marriage contract. The place and date of the previous marriage or civil union should be stated on both the application and the license. The seventy-					
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						
Soci	al Security Number of Applicant A Soci	iai Security Numbe	er of Applicant B	_		
	Carial Carrier Number of State 1		- L			
	Social Security Numbers shall be kept confidential and may			t purposes and A-1 et seq.).		