New Jersey Department of Health

APPLICATION FOR LICENSE

MARRIAGE REMARRIAGE CIVIL UNION

REAFFIRMATION OF CIVIL	U	NION
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(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)					Name (First, Middle, Last) (List name given at birth or on birth certificate/Maiden name)						
Street Address (Current Legal Residence) (See Note 1) County			inty	Street Address (Current Legal Residence) (See Note 1) County					ounty		
Municipality of Residence (See Note 4) State Zip Code			Municipality of Residence (See Note 4) State Zip Code								
1a.	Current Name (if different)			2. Dat	e of Birth	1a	. Current Name (if different)			2. Da	ate of Birth
3.	Birthplace		4. Sex M Undesignation	ated/	5. Age (See Note 2)	3.	Birthplace		4. Sex M Undesignation	ated/	5. Age (See Note 2)
6.	Domestic Status (at this time	, ,	s 3 and 5)		•	6.	Domestic Status (at this time	, ,	s 3 and 5)		1
	□C:n rl n	Date		Place)		Single	Date		Pla	ce
	Single										
	Widowed						Widowed				
	Divorced						Divorced _				
	Annulled						Annulled		_		_
	Current Domestic Partner						Current Domestic Partner				
- 1	Former Domestic Partner						Former Domestic				
- 1	Current Civil Union Partner						Current Civil Union Partner				
	Former Civil Union Partner						Former Civil 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:						
☐Marriage Date Place ☐Civil Union			☐Marriage Date Place ☐Civil Union								
	Enter number of times ever Married (if applicable):				(if any) (List name /Maiden name):	7a	. Enter number of times ever Married (if applicable):				e (if any) (List name te/Maiden name):
i	Enter number of times ever in a Civil Union (if applicable):	8b. Name o (List nai Maiden	me given at birt	Civil Uni	on Partner (if any) birth certificate/	8a	Enter number of times ever in a Civil Union (if applicable):	(List nai	of Most Recent Civil Union Partner (if any) ame given at birth or on birth certificate/ n name):		
9a.	Parent's Full Name at Birth		9b. Birthplace			9a	. Parent's Full Name at Birth	1	9b. Birthplace		
10a	10a. Parent's Full Name at Birth 10b. Birthplace			10a. Parent's Full Name at Birth 10			10b. Birthplace				
11. Are you related to Applicant B?				11. Are you related to Applicant A?					□No		
INFORMATION TO BE COMPLETED BY						ED BY <i>EITHER</i> APPLIC	ANT				
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 N applicant ca		er where either be reached:	
15.	Name and mailing address o	of person wh	o is to perform	the cere	emony:	16	. Mailing Address where you	may be reac	hed after the ce	eremor	ny:

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/P	O Box):							
	City:					Zip Code:			
2.	Have the applicants corre				□Yes	□N	0		
3.	Did the applicants make y marriage / remarriage / civ				∐Yes	□N	0		
	If "Yes, " explain:								
	OATH OR	AFFIRMATION O	OF APPLIC	CANTS AND	DENTIFYIN	IG WITNES	SS		
ri id	NOTE TO REGISTRAR - Appl naximum fine of \$7,500.00. dentifying witness must return nnce again on the line below th	In any case where ap when the second app	plication is m plicant comple	nade by only one etes the application	applicant to be on. In such a	egin the waitin	ng period, the	same	
ir	Ve, who have hereunder someompetent; the answers givense are true, full and perfe	en by us in this appl	ication for a	marriage, remar					
	Signature of Applicant A:				Date:				
	Signature of Applicant B:								
	Signature of Witness:								
	Second Signature of Witness (if necessary):								
	Sworn (or affirmed) and s			, 20					
	Signature of Registrar:								
	REGISTRAR - DO NOT in thereof is sent to you. Follo	sert place and date of	ceremony or	file the application			ertificate or co	рру	
	License Number:			Date of Issue:					
	Ceremony Performed in (City, Borough, Twp.):							
	Date of Ceremony:								
whice NOT the to NOT requested or joint whice affide contractions.	TE 1. This is the permanent ho ch, when absent, the applicant in TE 2. Both applicants must be time of application. TE 3. When a remarriage or rejected, indicate in Question 6 tho pined in a civil union. It is regriage or civil union be submitted the were legal prior to December avit showing the place and data cract. The place and date of the lad be stated on both the appenty-two hour waiting period is	a minimum of 18 years affirmation of civil union at the parties are alread quired that proof of the to you. Common law result 1, 1939, must be estable of the common law e previous marriage or polication and the licent waived. Consent of	license is dy married e previous marriages, blished by marriage civil union ase. The parents is	previously join another state. NOTE 4. Mun physically resinonresidents of municipality where the licensimal states are civil Union, of this application document. Sur	Registrar's rev r termination of n, in no way ch determination	e or civil union ence is the muralling address. the application my will be performed of a divorce Domestic Partimplies the van can only be merce.	n to the same nicipality where If both appline must be madermed. Regist the decree, dissentership, submalidity of the	partner in applicant icants are ide in the rar should solution of hitted with submitted	
Socia	APPLICAL Security Number of Applicant A	CANTS MUST PROVIDE	E THEIR SOC	Social Security NU	•	•			
33016		· 			- L				
		Numbers shall be kept out to shall not be considered							