New Jersey Department of Health APPLICATION FOR LICENSE

■ MARRIAGE

	REMARRIAGE
1 1	REWARRIAGE

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☐ REAFFIRMATION OF CIVIL UNION

(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				Street Address (Current Leg	al Residence	e) (See Note 1)	С	ounty		
	Municipality of Residence (See Note 4) State	l	Zip Code		Municipality of Residence (S	See Note 4)	State		Zip Code
1a.	Current Name (if different)		2. Dat	e of Birth	1a	. Current Name (if different)			2. D	ate of Birth
3.	Birthplace	4. Sex M Undesignation	ated/	5. Age (See Note 2)	3.	Birthplace		4. Sex M Undesigna Non-Binary	ated/	5. Age (See Note 2)
6.	Domestic Status (at this time) (See No	tes 3 and 5)			6.	Domestic Status (at this time	e) (See Note	s 3 and 5)		
	Date		Place	e		Па: .	Date		Pla	ice
	Single					Single				
	Widowed					Widowed				
	Divorced					Divorced				
	Annulled					Annulled				
	Current Domestic Partner					Current Domestic				
	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 Reaffirmation of Civil Union to the same partner, enter date and place of original ceremony: Marriage Place Civil Union			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					ace		
7a. Enter number of times ever Married (if applicable): Tb. 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):	(List nai	Bb. 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		10	10a. Parent's Full Name at Birth 10b. Birthplace							
11. Are you related to Applicant B? Yes No If "YES," how?			11. Are you related to Applicant A?							
INFORMATION TO BE COMPLE				ET	ED BY <i>EITHER</i> APPLICA	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 of person	vho is to perform	the cere	emony:	16	. Mailing Address where you	may be reac	hed after the ce	remo	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/PO Box):					
	City:			Zip Code:		
2.	Have the applicants correctly stated their ages and usual resider		∐Yes			
3.	Did the applicants make you aware of any legal impediment to the marriage / remarriage / civil union / reaffirmation of civil union?	neir	∐Yes	□No)	
	If "Yes, " explain:					
	OATH OR AFFIRMATION OF APPLICAN	ITS AND II	DENTIFYIN	IG WITNES	<u> </u>	
m id	OTE TO REGISTRAR - Applicants and witness should be told that ta aaximum fine of \$7,500.00. In any case where application is made dentifying witness must return when the second applicant completes nce again on the line below that on which he/she signed when appeari.	king a false of by only one a the application	ath constitutes applicant to b n. In such a	s perjury, which	is punishable by a g period, the same	
in	We, who have hereunder signed our names, do solemnly swe accompetent; the answers given by us in this application for a man cense are true, full and perfect answers to each and all of said que	riage, remarri				
	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.	he application	until either the	e completed ce	rtificate or copy	
	License Number:	Date of Issu	ıe:			
	Ceremony Performed in (City, Borough, Twp.):					
	Date of Ceremony:					
which NOT the ti NOT reque or jo marr which affida contr shou	h, when absent, the applicant intends to return. E 2. Both applicants must be a minimum of 18 years of age at time of application. E 3. When a remarriage or reaffirmation of civil union license is ested, indicate in Question 6 that the parties are already married bined in a civil union. It is required that proof of the previous riage or civil union be submitted to you. Common law marriages, h were legal prior to December 1, 1939, must be established by avit showing the place and date of the common law marriage ract. The place and date of the previous marriage or civil union time that the place and date of the previous marriage or civil union that the stated on both the application and the license. The entry-two hour waiting period is waived. Consent of parents is	previously joined another state. NOTE 4. Municipally residents of municipality who mark the license NOTE 5. The Civil Union, or his application document. Suc	cipality of resides, not the mf New Jersey, ere the ceremose accordingly. Registrar's revitermination of the determination of the deter	ence is the municalling address. the application only will be performed to the performance of the performance	a civil union of a minor to the same partner in icipality where applicant. If both applicants are must be made in the rmed. Registrar should be decree, dissolution of nership, submitted with lidity of the submitted ade by a court of law.	
Socia	APPLICANTS MUST PROVIDE THEIR SOCIAL S I Security Number of Applicant A Soc	SECURITY NUI	•	•		
			-			

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.).