New Jersey Department of Health

APPLICATION FOR LICENSE

☐ MARRIAGE ☐ REMARRIAGE ☐ CIVIL UNION ☐ 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.)*
1. Name *(First, Middle, Last)* *(List name given at birth or on birth certificate/Maiden name)*	1. 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 ☐ Male ☐ Female ☐ Undesignated / Non-Binary / 5. Age *(See Note 2)*	3. Birthplace / 4. Sex ☐ Male ☐ Female ☐ Undesignated / Non-Binary / 5. Age *(See Note 2)*
6. Domestic Status (at this time) *(See Notes 3 and 5)* Date Place ☐ Single ☐ Widowed ☐ Divorced ☐ Annulled ☐ Current Domestic Partner ☐ Former Domestic Partner ☐ Current Civil Union Partner ☐ Former Civil Union Partner	6. Domestic Status (at this time) *(See Notes 3 and 5)* Date Place ☐ Single ☐ Widowed ☐ Divorced ☐ Annulled ☐ Current Domestic Partner ☐ Former Domestic Partner ☐ Current 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: Date Place ☐ Marriage ☐ Civil Union	For Remarriage to the same spouse, or Reaffirmation of Civil Union to the same partner, enter date and place of original ceremony: Date Place ☐ Marriage ☐ Civil Union
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? ☐ Yes ☐ No If "YES," how?	11. Are you related to Applicant A? ☐ Yes ☐ 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.

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: _____ State: _____ Zip Code: _____

2. Have the applicants correctly stated their ages and usual residences? ☐Yes ☐No

3. Did the applicants make you aware of any legal impediment to their marriage / remarriage / civil union / reaffirmation of civil union? ☐Yes ☐No

   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. In any case where application is made by only one applicant to begin the waiting period, the same identifying witness must return when the second applicant completes the application. In such a case the same witness must sign once again on the line below that on which he/she signed when appearing with the first applicant.

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. 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-two hour waiting period is waived. Consent of parents is required for the remarriage or reaffirmation of a civil union of a minor previously joined in a marriage or civil union to the same partner in another state.

NOTE 4. Municipality of residence is the municipality where applicant physically resides, not the mailing address. If both applicants are nonresidents of New Jersey, the application must be made in the municipality where the ceremony will be performed. Registrar should mark the license accordingly.

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. Such determination can only be made by a court of law.

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 ___ - __ - ____
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.).	