## New Jersey Department of Health APPLICATION FOR LICENSE

■ MARRIAGE

| 1 | REMARRIAGE |  |
|---|------------|--|
|   | KEWAKKIAGE |  |

| CIV | /II | UN | ION |
|-----|-----|----|-----|

## ☐ REAFFIRMATION OF CIVIL UNION

(PLEASE PRINT OR TYPE)

| DECLARATION O   | _   | DECLARATION OF APPLICANT B   |  |  |  |  |
|---|---|--|--|--|--|--|
| (Giving false information 1. Name (First, Middle, Last)   |   | (Giving false information constitutes perjury.)  |  |  |  |  |
| (List name given at birth or on birth certif  |   | 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:  | s 3 and 5)  | 6. Domestic Status (at this time) (See Note  | es 3 and 5)  |  |  |  |
| Date  | Place   | Date   | Place  |  |  |  |
| Single  |   | Single   |  |  |  |  |
| □Widowed  |   | Widowed  |  |  |  |  |
| Divorced  | _   | ☐Divorced  | <del>-</del>   |  |  |  |
|   |   |  |  |  |  |  |
| Annulled  |   | Annulled   |  |  |  |  |
| Current Domestic Partner  |   | ☐Current Domestic Partner  |  |  |  |  |
| Former Domestic   | _   | Former Domestic  |  |  |  |  |
| Current Civil Union Partner   |   | Current Civil Union Partner  |  |  |  |  |
| Former Civil  |   | Former Civil   |  |  |  |  |
| Union Partner   |   | Union Partner  |  |  |  |  |
| For Remarriage to the same spouse, or F same partner, enter date and place of ori                   | iginal 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  |   | ☐ Marriage Date  | Place  |  |  |  |
| Civil Union   |   | Civil Union  |  |  |  |  |
| 7a. Enter number of times ever Married (if applicable):  7b. Name o given at bird                   | of Most Recent Spouse (if any) (List name the or on birth certificate/Maiden name): |  | of Most Recent Spouse (if any) (List name th or on birth certificate/Maiden name): |  |  |  |
| 8a. Enter number of times ever 8b. Name of  | of Most Recent Civil Union Partner (if any)   | 8a. Enter number of times ever 8b. Name of   | of Most Recent Civil Union Partner (if any)  |  |  |  |
| in a Civil Union (List name given at birth or on birth certificate/ (if applicable):  Maiden name): |   | in a Civil Union (List name given at birth or on birth certificate, (if applicable): 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 COMPLE  | ETED BY <i>EITHER</i> 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 reac  | 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:  |   |   | Code:   |  |  |  |
| 2.  | Have the applicants correctly stated their ages and usual resider  |   | <br>□Yes  | □No   |  |  |  |
| 3.  | Did the applicants make you aware of any legal impediment to the marriage / remarriage / civil union / reaffirmation of civil union?   |   | □Yes  | □No   |  |  |  |
|   | If "Yes, " explain:  |   | <u> </u>  | Шио   |  |  |  |
|   | OATH OR AFFIRMATION OF APPLICAN  | ITS AND IDE   | NTIEVING  | MITNESS   |  |  |  |
|   | NOTE TO REGISTRAR - Applicants and witness should be told that to maximum fine of \$7,500.00. In any case where application is made identifying witness must return when the second applicant completes th again on the line below that on which he/she signed when appearing wi   | aking a false oath<br>by only one app<br>e application. In s  | constitutes per<br>licant to begin<br>such a case the   | jury, which is pu<br>the waiting peri   | od, the same   |  |  |
| 1   | We, who have hereunder signed our names, do solemnly swear (or the answers given by us in this application for a marriage, remarriage full and perfect answers to each and all of said questions.  | affirm) that we a<br>ge, civil union, or  | e not currently reaffirmation c   | ruled mentally<br>f civil union lice  | incompetent;<br>nse are true,  |  |  |
|   | Signature of Applicant A:  |   | Date:   |   |  |  |  |
|   | Signature of Applicant B:  |   |   |   |  |  |  |
|   | Signature of Witness:  |   | Date:   |   |  |  |  |
|   | Second Signature of Witness (if necessary):  |   |   |   |  |  |  |
|   | Sworn (or affirmed) and subscribed before me at  |   |   |   |  |  |  |
|   | this day of  |   |   |   |  |  |  |
|   | Signature of Registrar:  |   |   |   |  |  |  |
|   | REGISTRAR - DO NOT insert place and date of ceremony or file t thereof is sent to you. Follow-up on all licenses for completion.   | he application un   | til either the cor  | mpleted certifica   | te or copy   |  |  |
|   | License Number:  | Date of Issue:  |   |   |  |  |  |
|   | Ceremony Performed in (City, Borough, Twp.):   |   |   |   |  |  |  |
|   | Date of Ceremony:  |   |   |   |  |  |  |
| whi<br>NO<br>time<br>NO<br>req<br>or j<br>mai<br>whi<br>affici  | ch, 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 uested, indicate in Question 6 that the parties are already married joined in a civil union. It is required that proof of the previous rriage or civil union be submitted to you. Common law marriages, ch were legal prior to December 1, 1939, must be established by davit showing the place and date of the common law marriage litract. The place and date of the previous marriage or civil union | two hour waiting pother remarriage or oined in a marriage NOTE 4. Municipal ohysically resides, nonresidents of Nomunicipality where mark the license at NOTE 5. The Regiunion, or terminate application, in no volume to the such determination. | reaffirmation of a<br>e or civil union to<br>lity of residence<br>not the mailing<br>ew Jersey, the<br>the ceremony we<br>cordingly.<br>strar's review of a<br>ion of Domestic<br>way implies the | a civil union of a<br>the same partne<br>is the municipalit<br>address. If bo<br>application must<br>ill be performed.<br>a divorce decree,<br>a Partnership, su<br>validity of the sub | 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. |  |  |
| 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 |  |   |   |   |  |  |  |
| 20CI  | al Security Number of Applicant A Soc  | al Security Number  | ei oi Applicant B   | -   |  |  |  |
|   | Social Security Numbers shall be kept confidential and ma  | y only be released  | for child support   | purposes and  |  |  |  |
|   | this document shall not be considered a public record pu   |   |   |   |  |  |  |