New Jersey Department of Health APPLICATION FOR LICENSE

■ MARRIAGE

☐ REMARRIAGE

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 (1)	,,,	110	11 11

☐ 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 Legal Residence) (See Note 1) County						
Municipality of Residence (See Note 4)	State	Zip Code		Municipality of Residence (S	ee 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	5. Age(See Note 2)	3.	Birthplace		4. Sex	5. Age(See Note 2)		
6. Domestic Status (at this time) (See Notes 3	and 5)		6.	Domestic Status (at this time) (See Notes 3	and 5)			
Date	,	Place	<u> </u>	Domootio Otatao (at tino time	Date	una o _j	Place		
☐Single				Single					
□Widowed				□Widowed					
				= -					
Divorced				Divorced					
Annulled				Annulled					
Current Domestic				Current Domestic					
Partner				Partner					
☐Former Domestic Partner				Former Domestic					
Current Civil				Current Civil					
Union Partner				Union Partner					
Former Civil				Former Civil					
Union Partner				Union Partner					
							N. 11.1.1.		
For Remarriage to the same spouse, or Rea same partner, enter date and place of original		il Union to the		For Remarriage to the same same partner, enter date and			Civil Union to the		
Marriage Date Place				Marriage	Date	ar ocicinony.	Place		
☐ Civil Union				Civil Union					
	-								
		use (if any) (List name cate/Maiden name):	7a	. Enter number of times ever Married (if applicable):			oouse (if any) (List name ificate/Maiden name):		
8a. Enter number of times ever in a Civil Union (List name given at birth or on birth certificate/ Maiden name):		8a	Enter number of times ever in a Civil Union (if applicable):		given at birth	vil Union Partner (if any) or on birth certificate/			
9a. Parent's Full Name at Birth 9b. B		b. 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? If "YES," how?			☐Yes ☐No				
	INFORMATI	ON TO BE COMPL	ET	ED BY <i>EITHER</i> APPLIC	ANT				
				Intended Date of Ceremony		Telephone Nu	ımber where either		
to be performed? (See Note 4)							now be reached:		
15. Name and mailing address of person who is	to perform the o	ceremony:	16	. Mailing Address where you	nay be reached	after the cere	emony:		

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:		St	ate:	Zip Code:	
2.	Have the applicants corre	ectly stated their ages and usual r	esidences?	□Yes	□No	
3.		ou aware of any legal impedimer vil union / reaffirmation of civil uni		∐Yes	□No	
	If "Yes, " explain:					
	OATH OR	AFFIRMATION OF APPL	ICANTS AND	DIDENTIFYIN	IG WITNESS	
	maximum fine of \$7,500.00. identifying witness must return	licants and witness should be told In any case where application is n when the second applicant comp hat on which he/she signed when a	made by only or olletes the application	ne applicant to be ation. In such a	egin the waiting pe	eriod, the same
	incompetent; the answers gi	signed our names, do solemnl ven by us in this application for a ect answers to each and all of sa	a marriage, rem	firm) that we ai arriage, civil unic	re not currently on, or reaffirmatio	ruled mentally n of civil union
	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 s	subscribed before me at				
	this	day of	, 20	at	AM	PM
	Signature of Registrar:					
		nsert place and date of ceremony of low-up on all licenses for completion		ion until either the	e completed certific	cate or copy
	License Number:		_ Date of I	ssue:		
	Ceremony Performed in ((City, Borough, Twp.):				
	Date of Ceremony:					
wh NC or if ap Dir rec or NC rec or ma wh	DTE 2. Written consent of both participated in writing by a judge vision, Family Part. Consent marriage or reaffirmation of civil union to the same DTE 3. When a remarriage or requested, indicate in Question 6 the joined in a civil union. It is rearriage or civil union be submitted in the submitted in the provided in	parents is required for the marriage eighteen years of age. In addition, to consent of the parents must be of the Superior Court, Chancery of parents is required for the union of a minor previously married to partner in another state. The partner in another state affirmation of civil union license is the partner are already married equired that proof of the previous do to you. Common law marriages, are 1, 1939, must be established by attending the common law marriage.	should be seventy-two required for previously journature of the state of the state of the seventy of the sevent	stated on both the hour waiting peristed on both the remarriage or bined in a marriage. Unicipality of residences of New Jersey, where the ceremogenee accordingly. The Registrar's revor termination of tion, in no way Such determination.	ne application and od is waived. Con reaffirmation of a cie or civil union to the ence is the municipal ailing address. If the application muny will be performed item of a divorce de Domestic Partners implies the validity in can only be made	rriage or civil union the license. The nsent of parents is vil union of a minor he same partner in ality where applicant both applicants are st be made in the d. Registrar should be cree, dissolution of hip, submitted with of the submitted by a court of law.
Soc	APPLI cial Security Number of Applicant	CANTS MUST PROVIDE THEIR SO A		NUMBERS (N. J. S Number of Applica	•	
		-		-	-	

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.).