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.)			
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 (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 Undesignated/ Non-Binary		
6. Domestic Status (at this time) (See Note Date Date Single Widowed Divorced Annulled Current Domestic Partner Pormer Domestic Partner Union Partner Union Partner Former Civil Union Partner For Remarriage to the same spouse, or same partner, enter date and place of or Marriage Civil Union Partner Date Civil Union Partner Partner Americal (if applicable): 7b. Name of given at bir	Place Reaffirmation of Civil Union to the iginal ceremony: Place		Place Reaffirmation of Civil Union to the		
8a. Enter number of times ever in a Civil Union (If applicable): 8b. Name of (List na Maiden)	me given at birth or on birth certificate/	in a Civil Union (List nai	. 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? If "YES," how?	□Yes □No	11. Are you related to Applicant A? If "YES," how?	□Yes □No		
	INFORMATION TO BE COMPL	ETED BY <i>EITHER</i> 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 wh	o is to perform the ceremony:	16. Mailing Address where you may be reach	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):	:							
		D Box):							
2.		ctly stated their ages and usual res		Yes	□No				
3.		ou aware of any legal impediment il union / reaffirmation of civil unio		□Yes	□No				
	If "Yes, " explain:								
	OATH OR	AFFIRMATION OF APPLIC	CANTS AND IDEN	NTIFYING V	WITNESS				
m id	IOTE TO REGISTRAR - Applic naximum fine of \$7,500.00. In Identifying witness must return v	cants and witness should be told the in any case where application is m when the second applicant complete which he/she signed when appearing	nat taking a false oath o nade by only one appli es the application. In su	constitutes perj cant to begin uch a case the	jury, which is punis the waiting period,	the same			
th		ed our names, do solemnly swear s application for a marriage, rema ch and all of said questions.							
	Signature of Applicant A:			Date:					
	Signature of Applicant B:			Date:					
	Signature of Witness:								
	Second Signature of								
	Sworn (or affirmed) and su	·	20 at			D14			
		_ day of	, 20 ai		_ Aivi	FIVI			
	Signature of Registrar:	eart place and data of caremony or	file the application until	l oithor the con	anlated cortificate of	er conv			
		sert place and date of ceremony or ow-up on all licenses for completion.		l eillier liie con	прівіви Свінісать с	т сору			
	License Number:		Date of Issue:						
	Ceremony Performed in (C	City, Borough, Twp.):							
	Date of Ceremony:								
NOT	E 1. This is the permanent hor	me and principal establishment to	two hour waiting per	riod is waived.	Consent of parents	is required for			
which, when absent, the applicant intends to return.		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.							
NOT	E 2 Doth configents must be a r	minimum of 10 years of age at the	inined in a marriage		NOTE 4. Municipality of residence is the municipality where applicant				
	E 2 . Both applicants must be a r of application.	minimum of 18 years of age at the	NOTE 4. Municipali	ty of residence	is the municipality w				
time (of application. E 3 . When a remarriage or rea	affirmation of civil union license is	NOTE 4. Municipali physically resides, i	ty of residence not the mailing	is the municipality waddress. If both	applicants are			
NOTI reque or join	of application. E 3. When a remarriage or rea ested, indicate in Question 6 that in a civil union. It is required.	affirmation of civil union license is at the parties are already married quired that proof of the previous	NOTE 4. Municipali physically resides, in nonresidents of Ne- municipality where the	ty of residence not the mailing w Jersey, the he ceremony w	is the municipality w address. If both application must be	applicants are made in the			
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