## New Jersey Department of Health

APPLICATION FOR LICENSE

MARRIAGE REMARRIAGE CIVIL UNION

CIVIL UNION	☐ REAFFIRMATION OF CIVIL OF

(PLEASE PRINT OR TYPE)

DECLARATION OF A	APPLICANT A	DECLARA	TION OF APPLICANT B		
(Giving false information constitutes perjury.)		(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   5. Age(See Note 2)	3. Birthplace	4. Sex   5. Age(See Note 2)		
6. Domestic Status (at this time) (See Notes 3		6. Domestic Status (at this time) (S	See Notes 3 and 5)		
Date	Place		Date Place		
☐Single		☐Single			
☐Widowed		☐Widowed			
Divorced		□Divorced			
Annulled		Annulled			
Current Domestic		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 Rea same partner, enter date and place of origin		For Remarriage to the same spo same partner, enter date and pla	buse, or Reaffirmation of Civil Union to the acce of original ceremony:		
Marriage Date Place			Date Place		
☐Civil Union		Civil Union			
7a. Enter number of times ever 7b. Name of M	lost Recent Spouse (if any) (List name	7a. Enter number of times ever 7b.	Name of Most Recent Spouse (if any) (List name		
	or on birth certificate/Maiden name):	Married (if applicable): giv	en at birth or on birth certificate/Maiden name):		
8a. Enter number of times ever in a Civil Union (List name given at birth or on birth certificate)		in a Civil Union	Name of Most Recent Civil Union Partner (if any) (List name given at birth or on birth certificate/		
(if applicable): Maiden na	me):	(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?		11. Are you related to Applicant A? If "YES," how?	☐Yes ☐No		
	INFORMATION TO BE COMPL	ETED BY <i>EITHER</i> APPLICANT	Γ		
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	s to perform the ceremony:	16. Mailing Address where you may	be reached 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/PC	) Box):				
					Code:	
2.	Have the applicants correct	tly stated their ages and usual res	sidences?	☐Yes	□No	
3.		ou aware of any legal impediment I union / reaffirmation of civil union		□Yes	□No	
	If "Yes, " explain:					
	OATH OR :	AFFIRMATION OF APPLIC	CANTS AND IDE	NTIFYING \	WITNESS	
m id	naximum fine of \$7,500.00. Ir lentifying witness must return w	cants and witness should be told the n any case where application is m when the second applicant complete which he/she signed when appearing	ade by only one appes the application. In	olicant to begin such a case the	the waiting period	od, 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 Witness (if necessary):			Date:		
	Sworn (or affirmed) and su	bscribed before me at				
	Signature of Registrar:				_ Aivi	1 1V1
	-	ert place and date of ceremony or t			mnleted certificat	e or conv
		w-up on all licenses for completion.	пе ите аррпоацоп ап	IUI GIUIGI UIC COI	IIPIGIGU OGRINOGI	е от сору
	License Number:		Date of Issue:			
	Ceremony Performed in (C	city, Borough, Twp.):				
	Date of Ceremony:					
which NOTI time of NOTI reque or joi marri which affida contro	E 1. This is the permanent hom h, when absent, the applicant into E 2. Both applicants must be a n of application. E 3. When a remarriage or real ested, indicate in Question 6 that ined in a civil union. It is requiage or civil union be submitted h were legal prior to December avit showing the place and date act. The place and date of the	ne and principal establishment to	two hour waiting p the remarriage or joined in a marriag NOTE 4. Municipa physically resides, nonresidents of N municipality where mark the license a NOTE 5. The Regi Union, or termina application, in no of Such determination	period is waived. reaffirmation of a se or civil union to ality of residence, not the mailing lew Jersey, the the ceremony was too for the cordingly. Sistrar's review of a tion of Domestic way implies the verselights.	Consent of parer a civil union of a the same partner is the municipality address. If bot application must ill be performed. a divorce decree, or Partnership, suralidity of the subraticial civil and the subratician divides the subratician divides and the	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.
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