New Jersey Department of Health

APPLICATION FOR LICENSE ■ MARRIAGE □ REMARRIAGE

	UNION
CIVIL	UNIUN

☐ REAFFIRMATION OF CIVIL UNION

(PLEASE PRINT OR TYPE)

DECLARATION OF (Giving false information		DECLARATION OF APPLICANT B (Giving false information constitutes perjury.)			
Name (First, Middle, Last)	. constituted porjulyi,	Name (First, Middle, Last)			
(List name given at birth or on birth certifi	icate/Maiden name)	(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		
	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 Notes	•	6. Domestic Status (at this time) (See Note	•		
Date	Place	Date	Place		
☐Single		☐Single			
Widowed		Widowed			
Divorced		☐Divorced			
Annulled	<u> </u>	Annulled			
☐Current Domestic Partner		☐Current Domestic Partner			
Former Domestic Partner		Former Domestic Partner			
Current Civil Union Partner		Current Civil Union Partner			
Former 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:		For Remarriage to the same spouse, or Reaffirmation of Civil Union to the same partner, enter date and place of original ceremony:			
☐Marriage ☐Civil Union	Place	☐Marriage Date ☐Civil Union	Place		
	Most Recent Spouse (if any) (List name h or on birth certificate/Maiden name):		f Most Recent Spouse (if any) (List name th or on birth certificate/Maiden name):		
8a. Enter number of times ever in a Civil Union Partner (if any) (List name given at birth or on birth certificate/ Maiden name):		in a Civil Union (List nai	ion (List name given at birth or on birth certificate/ 1		
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 COMPLETED BY <i>EITHER</i> APPLICANT					
12. In which Incorporated Municipality in New to be performed? (See Note 4)	v Jersey do you intend for the ceremony	13 Intended Date of Ceremony	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 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	nces?	□Yes	□No	
3.	Did the applicants make you aware of any legal impediment to the marriage / remarriage / civil union / reaffirmation of civil union?	neir	□Yes	□No	
	If "Yes, " explain:				
r	OATH OR AFFIRMATION OF APPLICAN NOTE TO REGISTRAR - Applicants and witness should be told that to maximum fine of \$7,500.00. In any case where application is made dentifying witness must return when the second applicant completes	aking a false oath o by only one appli	constitutes perju cant to begin t	ury, which is punishable by a the waiting period, the same	
	once again on the line below that on which he/she signed when appear			the same withess must sign	
iı	We, who have hereunder signed our names, do solemnly swencompetent; the answers given by us in this application for a maricense are true, full and perfect answers to each and all of said que	riage, remarriage			
	Signature of Applicant A:		Date:		
	Signature of Applicant B:				
	Signature of Witness:				
	Second Signature of Witness (if necessary):				
	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 t thereof is sent to you. Follow-up on all licenses for completion.	he application unti	either the com	npleted certificate or copy	
	License Number:	Date of Issue:			
	Ceremony Performed in (City, Borough, Twp.):				
	Date of Ceremony:				
whice NOT the f NOT requ or jo mar whice affice cont should	ch, when absent, the applicant intends to return. IF 2. Both applicants must be a minimum of 18 years of age at time of application. IF 3. When a remarriage or reaffirmation of civil union license is uested, indicate in Question 6 that the parties are already married boined in a civil union. It is required that proof of the previous riage 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 tract. The place and date of the previous marriage or civil union uld be stated on both the application and the license. The enty-two hour waiting period is waived. Consent of parents is	previously joined in another state. NOTE 4. Municipality by sically resides, in another sidents of Nemunicipality where the mark the license accuments. The Regional Civil Union, or termitis application, in document. Such design another state.	ty of residence is not the mailing w Jersey, the a he ceremony will cordingly. strar's review or ination of Domino way implied termination can desire the strategy of the stra	rmation of a civil union of a minor civil union to the same partner in a sthe municipality where applicant address. If both applicants are application must be made in the II be performed. Registrar should a divorce decree, dissolution of estic Partnership, submitted with the state 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					
30016			-		

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.).