

**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.)

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                      |                        |  |                                   |      |       |  |                                      |  |  |  |                                   |  |  |  |                                   |  |  |  |                                                   |  |  |  |                                                  |  |  |  |                                                      |  |  |  |                                                     |  |  |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|------------------------|--|-----------------------------------|------|-------|--|--------------------------------------|--|--|--|-----------------------------------|--|--|--|-----------------------------------|--|--|--|---------------------------------------------------|--|--|--|--------------------------------------------------|--|--|--|------------------------------------------------------|--|--|--|-----------------------------------------------------|--|--|--|
| 1. Name (First, Middle, Last)<br>(List name given at birth or on birth certificate/Maiden name)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                      |                        |  |                                   |      |       |  |                                      |  |  |  |                                   |  |  |  |                                   |  |  |  |                                                   |  |  |  |                                                  |  |  |  |                                                      |  |  |  |                                                     |  |  |  |
| Street Address (Current Legal Residence) (See Note 1)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                      | County                 |  |                                   |      |       |  |                                      |  |  |  |                                   |  |  |  |                                   |  |  |  |                                                   |  |  |  |                                                  |  |  |  |                                                      |  |  |  |                                                     |  |  |  |
| Municipality of Residence (See Note 4) State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                      | Zip Code               |  |                                   |      |       |  |                                      |  |  |  |                                   |  |  |  |                                   |  |  |  |                                                   |  |  |  |                                                  |  |  |  |                                                      |  |  |  |                                                     |  |  |  |
| 1a. Current Name (if different)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                      | 2. Date of Birth       |  |                                   |      |       |  |                                      |  |  |  |                                   |  |  |  |                                   |  |  |  |                                                   |  |  |  |                                                  |  |  |  |                                                      |  |  |  |                                                     |  |  |  |
| 3. Birthplace                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 4. Sex <input type="checkbox"/> M <input type="checkbox"/> F<br><input type="checkbox"/> Undesignated/<br>Non-Binary | 5. Age<br>(See Note 2) |  |                                   |      |       |  |                                      |  |  |  |                                   |  |  |  |                                   |  |  |  |                                                   |  |  |  |                                                  |  |  |  |                                                      |  |  |  |                                                     |  |  |  |
| 6. Domestic Status (at this time) (See Notes 3 and 5)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                      |                        |  |                                   |      |       |  |                                      |  |  |  |                                   |  |  |  |                                   |  |  |  |                                                   |  |  |  |                                                  |  |  |  |                                                      |  |  |  |                                                     |  |  |  |
| <table style="width:100%;"> <tr> <td style="width:30%;"><input type="checkbox"/> Single</td> <td style="width:30%;">Date</td> <td style="width:30%;">Place</td> <td style="width:10%;"></td> </tr> <tr> <td><input type="checkbox"/> Widowed</td> <td></td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> Divorced</td> <td></td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> Annulled</td> <td></td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> Current Domestic Partner</td> <td></td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> Former Domestic Partner</td> <td></td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> Current Civil Union Partner</td> <td></td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> Former Civil Union Partner</td> <td></td> <td></td> <td></td> </tr> </table> |                                                                                                                      |                        |  | <input type="checkbox"/> Single   | Date | Place |  | <input type="checkbox"/> Widowed     |  |  |  | <input type="checkbox"/> Divorced |  |  |  | <input type="checkbox"/> Annulled |  |  |  | <input type="checkbox"/> Current Domestic Partner |  |  |  | <input type="checkbox"/> Former Domestic Partner |  |  |  | <input type="checkbox"/> Current Civil Union Partner |  |  |  | <input type="checkbox"/> Former Civil Union Partner |  |  |  |
| <input type="checkbox"/> Single                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Date                                                                                                                 | Place                  |  |                                   |      |       |  |                                      |  |  |  |                                   |  |  |  |                                   |  |  |  |                                                   |  |  |  |                                                  |  |  |  |                                                      |  |  |  |                                                     |  |  |  |
| <input type="checkbox"/> Widowed                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                      |                        |  |                                   |      |       |  |                                      |  |  |  |                                   |  |  |  |                                   |  |  |  |                                                   |  |  |  |                                                  |  |  |  |                                                      |  |  |  |                                                     |  |  |  |
| <input type="checkbox"/> Divorced                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                      |                        |  |                                   |      |       |  |                                      |  |  |  |                                   |  |  |  |                                   |  |  |  |                                                   |  |  |  |                                                  |  |  |  |                                                      |  |  |  |                                                     |  |  |  |
| <input type="checkbox"/> Annulled                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                      |                        |  |                                   |      |       |  |                                      |  |  |  |                                   |  |  |  |                                   |  |  |  |                                                   |  |  |  |                                                  |  |  |  |                                                      |  |  |  |                                                     |  |  |  |
| <input type="checkbox"/> Current Domestic Partner                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                      |                        |  |                                   |      |       |  |                                      |  |  |  |                                   |  |  |  |                                   |  |  |  |                                                   |  |  |  |                                                  |  |  |  |                                                      |  |  |  |                                                     |  |  |  |
| <input type="checkbox"/> Former Domestic Partner                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                      |                        |  |                                   |      |       |  |                                      |  |  |  |                                   |  |  |  |                                   |  |  |  |                                                   |  |  |  |                                                  |  |  |  |                                                      |  |  |  |                                                     |  |  |  |
| <input type="checkbox"/> Current Civil Union Partner                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                      |                        |  |                                   |      |       |  |                                      |  |  |  |                                   |  |  |  |                                   |  |  |  |                                                   |  |  |  |                                                  |  |  |  |                                                      |  |  |  |                                                     |  |  |  |
| <input type="checkbox"/> 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:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                      |                        |  |                                   |      |       |  |                                      |  |  |  |                                   |  |  |  |                                   |  |  |  |                                                   |  |  |  |                                                  |  |  |  |                                                      |  |  |  |                                                     |  |  |  |
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| <input type="checkbox"/> Marriage                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Date                                                                                                                 | Place                  |  |                                   |      |       |  |                                      |  |  |  |                                   |  |  |  |                                   |  |  |  |                                                   |  |  |  |                                                  |  |  |  |                                                      |  |  |  |                                                     |  |  |  |
| <input type="checkbox"/> Civil Union                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                      |                        |  |                                   |      |       |  |                                      |  |  |  |                                   |  |  |  |                                   |  |  |  |                                                   |  |  |  |                                                  |  |  |  |                                                      |  |  |  |                                                     |  |  |  |

**DECLARATION OF APPLICANT B**  
(Giving false information constitutes perjury.)

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                      |                        |  |                                   |      |       |  |                                      |  |  |  |                                   |  |  |  |                                   |  |  |  |                                                   |  |  |  |                                                  |  |  |  |                                                      |  |  |  |                                                     |  |  |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|------------------------|--|-----------------------------------|------|-------|--|--------------------------------------|--|--|--|-----------------------------------|--|--|--|-----------------------------------|--|--|--|---------------------------------------------------|--|--|--|--------------------------------------------------|--|--|--|------------------------------------------------------|--|--|--|-----------------------------------------------------|--|--|--|
| 1. Name (First, Middle, Last)<br>(List name given at birth or on birth certificate/Maiden name)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                      |                        |  |                                   |      |       |  |                                      |  |  |  |                                   |  |  |  |                                   |  |  |  |                                                   |  |  |  |                                                  |  |  |  |                                                      |  |  |  |                                                     |  |  |  |
| Street Address (Current Legal Residence) (See Note 1)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                      | County                 |  |                                   |      |       |  |                                      |  |  |  |                                   |  |  |  |                                   |  |  |  |                                                   |  |  |  |                                                  |  |  |  |                                                      |  |  |  |                                                     |  |  |  |
| Municipality of Residence (See Note 4) State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                      | Zip Code               |  |                                   |      |       |  |                                      |  |  |  |                                   |  |  |  |                                   |  |  |  |                                                   |  |  |  |                                                  |  |  |  |                                                      |  |  |  |                                                     |  |  |  |
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| 3. Birthplace                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 4. Sex <input type="checkbox"/> M <input type="checkbox"/> F<br><input type="checkbox"/> Undesignated/<br>Non-Binary | 5. Age<br>(See Note 2) |  |                                   |      |       |  |                                      |  |  |  |                                   |  |  |  |                                   |  |  |  |                                                   |  |  |  |                                                  |  |  |  |                                                      |  |  |  |                                                     |  |  |  |
| 6. Domestic Status (at this time) (See Notes 3 and 5)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                      |                        |  |                                   |      |       |  |                                      |  |  |  |                                   |  |  |  |                                   |  |  |  |                                                   |  |  |  |                                                  |  |  |  |                                                      |  |  |  |                                                     |  |  |  |
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| <input type="checkbox"/> Single                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Date                                                                                                                 | Place                  |  |                                   |      |       |  |                                      |  |  |  |                                   |  |  |  |                                   |  |  |  |                                                   |  |  |  |                                                  |  |  |  |                                                      |  |  |  |                                                     |  |  |  |
| <input type="checkbox"/> Widowed                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                      |                        |  |                                   |      |       |  |                                      |  |  |  |                                   |  |  |  |                                   |  |  |  |                                                   |  |  |  |                                                  |  |  |  |                                                      |  |  |  |                                                     |  |  |  |
| <input type="checkbox"/> Divorced                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                      |                        |  |                                   |      |       |  |                                      |  |  |  |                                   |  |  |  |                                   |  |  |  |                                                   |  |  |  |                                                  |  |  |  |                                                      |  |  |  |                                                     |  |  |  |
| <input type="checkbox"/> Annulled                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                      |                        |  |                                   |      |       |  |                                      |  |  |  |                                   |  |  |  |                                   |  |  |  |                                                   |  |  |  |                                                  |  |  |  |                                                      |  |  |  |                                                     |  |  |  |
| <input type="checkbox"/> Current Domestic Partner                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                      |                        |  |                                   |      |       |  |                                      |  |  |  |                                   |  |  |  |                                   |  |  |  |                                                   |  |  |  |                                                  |  |  |  |                                                      |  |  |  |                                                     |  |  |  |
| <input type="checkbox"/> Former Domestic Partner                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                      |                        |  |                                   |      |       |  |                                      |  |  |  |                                   |  |  |  |                                   |  |  |  |                                                   |  |  |  |                                                  |  |  |  |                                                      |  |  |  |                                                     |  |  |  |
| <input type="checkbox"/> Current Civil Union Partner                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                      |                        |  |                                   |      |       |  |                                      |  |  |  |                                   |  |  |  |                                   |  |  |  |                                                   |  |  |  |                                                  |  |  |  |                                                      |  |  |  |                                                     |  |  |  |
| <input type="checkbox"/> 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:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                      |                        |  |                                   |      |       |  |                                      |  |  |  |                                   |  |  |  |                                   |  |  |  |                                                   |  |  |  |                                                  |  |  |  |                                                      |  |  |  |                                                     |  |  |  |
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| <input type="checkbox"/> Marriage                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Date                                                                                                                 | Place                  |  |                                   |      |       |  |                                      |  |  |  |                                   |  |  |  |                                   |  |  |  |                                                   |  |  |  |                                                  |  |  |  |                                                      |  |  |  |                                                     |  |  |  |
| <input type="checkbox"/> Civil Union                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                      |                        |  |                                   |      |       |  |                                      |  |  |  |                                   |  |  |  |                                   |  |  |  |                                                   |  |  |  |                                                  |  |  |  |                                                      |  |  |  |                                                     |  |  |  |

7a. Enter number of times ever Married (if applicable):

7b. Name of Most Recent Spouse (if any) (List name given at birth or on birth certificate/Maiden name):

8a. Enter number of times ever in a Civil Union (if applicable):

8b. Name of Most Recent Civil Union Partner (if any) (List name given at birth or on birth certificate/Maiden name):

7a. Enter number of times ever Married (if applicable):

7b. Name of Most Recent Spouse (if any) (List name given at birth or on birth certificate/Maiden name):

8a. Enter number of times ever in a Civil Union (if applicable):

8b. 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? ☐ Yes ☐ No  
If "YES," how?

11. Are you related to Applicant A? ☐ Yes ☐ No  
If "YES," how?

**INFORMATION TO BE COMPLETED BY EITHER 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 who is to perform the ceremony:

16. Mailing Address where you may be reached after the ceremony:

(See Notes on Page 2)

Continue with Declaration of Identifying Witness and Oath.

# DECLARATION OF IDENTIFYING WITNESS

(Giving false information constitutes perjury)

- Name (First, Middle, Last): \_\_\_\_\_  
Mailing Address (Street/PO Box): \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_
- Have the applicants correctly stated their ages and usual residences? ☐ Yes ☐ No
- Did the applicants make you aware of any legal impediment to their marriage / remarriage / civil union / reaffirmation of civil union? ☐ Yes ☐ No  
If "Yes," explain: \_\_\_\_\_

## OATH OR AFFIRMATION OF APPLICANTS AND IDENTIFYING WITNESS

**NOTE TO REGISTRAR** - Applicants and witness should be told that taking a false oath constitutes perjury, which is punishable by a maximum fine of \$7,500.00. In any case where application is made by only one applicant to begin the waiting period, the same identifying witness must return when the second applicant completes the application. In such a case the same witness must sign once again on the line below that on which he/she signed when appearing with the first applicant.

We, who have hereunder signed our names, do solemnly swear (or affirm) that we are not currently ruled mentally incompetent; the answers given by us in this application for a marriage, remarriage, civil union, or reaffirmation of civil union license are true, full and perfect answers to each and all of said questions.

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 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 the application until either the completed certificate or copy thereof is sent to you. Follow-up on all licenses for completion.

License Number: \_\_\_\_\_ Date of Issue: \_\_\_\_\_

Ceremony Performed in (City, Borough, Twp.): \_\_\_\_\_

Date of Ceremony: \_\_\_\_\_

**NOTE 1.** This is the permanent home and principal establishment to which, when absent, the applicant intends to return.

**NOTE 2.** Both applicants must be a minimum of 18 years of age at the time of application.

**NOTE 3.** When a remarriage or reaffirmation of civil union license is requested, indicate in Question 6 that the parties are already married or joined in a civil union. It is required that proof of the previous marriage or civil union be submitted to you. Common law marriages, which were legal prior to December 1, 1939, must be established by affidavit showing the place and date of the common law marriage contract. The place and date of the previous marriage or civil union should be stated on both the application and the license. The seventy-two hour waiting period is waived. Consent of parents is

required for 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.

**NOTE 4.** Municipality of residence is the municipality where applicant physically resides, not the mailing address. If both applicants are nonresidents of New Jersey, the application must be made in the municipality where the ceremony will be performed. Registrar should mark the license accordingly.

**NOTE 5.** The Registrar's review of a divorce decree, dissolution of Civil Union, or termination of Domestic Partnership, submitted with this application, in no way implies the validity of the submitted document. Such determination can 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

\_\_\_\_ - \_\_\_\_ - \_\_\_\_\_

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.).