New Jersey Department of Health APPLICATION FOR LICENSE

☐ MARRIAGE ☐ REMARRIAGE

CIV	711	LINI	
LIV	11	UN	IUN

☐ 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 Addr	ess (Current Legal	Residence	e) (See Note 1)	Cou	nty		Street Address (Current Leg	al Residence	e) (See Note 1)	Co	ounty
Municipality of Residence (See Note 4) State Zip Code					Municipality of Residence (S	See Note 4)	State		Zip Code		
1a. Current Na	me (if different)			2. Date	e of Birth	1a	. Current Name (if different)			2. Da	ate of Birth
3. Birthplace			4. Sex M Undesign Non-Binar	ated/	5. Age (See Note 2)	3.	Birthplace		4. Sex M Undesigna Non-Binary	ated/	5. Age (See Note 2)
6. Domestic S	Status (at this time)	(See Note:	s 3 and 5)			6.	Domestic Status (at this time	e) (See Note	s 3 and 5)		
_		Date		Place	:		_	Date		Pla	ce
Single							Single				
□Widowe	ed		_				Widowed		_		
Divorce	d						☐Divorced				
Annulle	d						Annulled				
☐Current Partner	Domestic						Current Domestic				
Former	Domestic						Former Domestic				
☐Current Union F	Civil						Current Civil Union Partner				
☐Former Union F							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:						
☐Marriag ☐Civil Un		Date		Place			☐Marriage ☐Civil Union	Date		Pla	ce
7a Enter numb	per of times ever 7	7h Name of	f Most Recent	Spouse	(if any) (List name	7a	. Enter number of times ever	7h Name o	f Most Recent S	Spous	e (if any) (List name
Married <i>(if a</i>					/Maiden name):		Married (if applicable):				e/Maiden name):
8a.Enter numb in a Civil Ui (if applicab			ne given at birt		on Partner (if any) birth certificate/	8a	Enter number of times ever in a Civil Union (if applicable):	Civil Union (List name given at birth or on birth certificate/			
9a. Parent's Fเ	ull Name at Birth		9b. Birthplace			9а	. Parent's Full Name at Birth	l	9b. Birthplace		
10a. Parent's F	Full Name at Birth		10b. Birthplace	e		10	a. Parent's Full Name at Birth	1	10b. Birthplace)	
11. Are you related to Applicant B?		11	11. Are you related to Applicant A?			□No					
INFORMATION TO BE COMPLE					ΕT	ED BY <i>EITHER</i> APPLICA	ANT				
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 whe applicant can now be re-						
15. Name and	mailing address of	person who	o is to perform	the cere	mony:	16	. Mailing Address where you	may be reac	hed after the ce	remor	ny:

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.		tly stated their ages and usual re			∐Yes	□No	
3.		ou aware of any legal impedimen il union / reaffirmation of civil unio			□Yes	□No	
	If "Yes, " explain:						
	OATH OR	AFFIRMATION OF APPLI	CANTS AI	ND IDEN	NTIFYING '	WITNESS	
I i	maximum fine of \$7,500.00. I identifying witness must return	cants and witness should be told to n any case where application is r when the second applicant complet which he/she signed when appeari	made by only es the applica	one appli ation. In su	cant to begin uch a case the	the waiting per	riod, the same
t		ed our names, do solemnly swea 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:				Date:		
	Second Signature of Witness (if necessary):				Date:		
	Sworn (or affirmed) and su	ubscribed before me at					
	this	day of	, 20	at		_ AM	PM
	Signature of Registrar:						
		ert place and date of ceremony or w-up on all licenses for completion		cation until	either the co	mpleted certifica	ite or copy
	License Number:		Date o	of Issue: _			
	Ceremony Performed in (0	City, Borough, Twp.):					
	Date of Ceremony:			_			
whice NO request or jumps whice affice con	ch, when absent, the applicant in TE 2. Both applicants must be a e of application. TE 3. When a remarriage or reauested, indicate in Question 6 the oined in a civil union. It is recriage or civil union be submitted the were legal prior to December davit showing the place and date of the	me and principal establishment to tends to return. minimum of 18 years of age at the affirmation of civil union license is at the parties are already married quired that proof of the previous to you. Common law marriages, 1, 1939, must be established by te of the common law marriage a previous marriage or civil union ion and the license. The seventy-	the rema joined in a NOTE 4. physically nonreside municipal mark the NOTE 5. Union, of application	rriage or rea a marriage Municipali resides, rents of Ne lity where t license acc The Regist retermination, in no wa	eaffirmation of or civil union to ty of residence not the mailing w Jersey, the he ceremony voordingly. Etar's review of on of Domesticay implies the	a civil union of a the same partner is the municipality address. If be application musuall be performed. a divorce decree, a Partnership, si	ents is required for a minor previously er in another state. ity where applicant oth applicants are to be made in the . Registrar should dissolution of Civil ubmitted with this bmitted document. law.
		ANTS MUST PROVIDE THEIR SOC					
Socia	al Security Number of Applicant A	\ -	Social Secui	rity Numbei	of Applicant B	; -	
	Social Security I	Numbers shall be kept confidential an	id may only be	released for	or child suppor	t purposes and	
1		t shall not be considered a public rec					