

**New Jersey Department of Health and Senior Services
APPLICATION FOR LICENSE**

MARRIAGE
 REMARRIAGE
 CIVIL UNION
 REAFFIRMATION OF CIVIL UNION

(PLEASE PRINT OR TYPE)

DECLARATION OF APPLICANT A <i>(Giving false information constitutes perjury.)</i>		DECLARATION OF APPLICANT B <i>(Giving false information constitutes perjury.)</i>	
Name (First, Middle, Last) <i>(Last name given at birth or on birth certificate)</i>		1. Name (First, Middle, Last) <i>(Last name given at birth or on birth certificate)</i>	
Street Address <i>(Current Legal Residence)</i> (City, Borough, Twp.) <i>(See Note 1)</i>		Street Address <i>(Current Legal Residence)</i> (City, Borough, Twp.) <i>(See Note 1)</i>	
County <i>(See Note 4)</i>	State	County <i>(See Note 4)</i>	State
	Zip Code		Zip Code
1a. <i>Current Name (if different)</i>		1a. <i>Current Name (if different)</i>	
3. Birthplace	4. Sex <input type="checkbox"/> M <input type="checkbox"/> F	13. Birthplace	4. Sex <input type="checkbox"/> M <input type="checkbox"/> F
	5. Age <i>(See Note 2)</i>		5. Age <i>(See Note 2)</i>
6. Domestic Status <i>(at this time)</i> <i>(See Notes 3 and 5)</i>		6. Domestic Status <i>(at this time)</i> <i>(See Notes 3 and 5)</i>	
<input type="checkbox"/> Single <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"/> Former Civil Union Partner		<input type="checkbox"/> Single <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"/> 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: Date _____ Place _____		For Remarriage to the same spouse, or Reaffirmation of Civil Union to the same partner, enter date and place of original ceremony: Date _____ Place _____	
7a. For Marriage License applicants, if applicable, enter number of times ever Married.	7b. For Civil Union applicants, if applicable, enter number of times ever in a Civil Union.	7a. For Marriage License applicants, if applicable, enter number of times ever Married.	7b. For Civil Union applicants, if applicable, enter number of times ever in a Civil Union.
8. Name of Most Recent Spouse/Partner <i>(if any)</i>		8. Name of Most Recent Spouse/Partner <i>(if any)</i>	
9a. Father's Full Name	9b. Birthplace	9a. Father's Full Name	9b. Birthplace
10a. Mother's Full Maiden Name	10b. Birthplace	10a. Mother's Full Maiden Name	10b. Birthplace
11. Are you related to Applicant B? <i>(If "YES," how:)</i>		11. Are you related to Applicant A? <i>(If "YES," how:)</i>	
<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
INFORMATION TO BE COMPLETED BY EITHER APPLICANT			
12. In which Incorporated Municipality in New Jersey do you intend for the ceremony to be performed? <i>(See Note 4)</i>		13. Intended Date of Ceremony	
13. Name and mailing address of person who is to perform the ceremony.		14. Telephone Number where either applicant can now be reached.	
16. Mailing Address where you may be reached after the ceremony.			

(See Notes on Page 2)

Continue with Declaration of Identifying Witness and Oath.

