

**New Jersey Department of Health
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>			
1. Name (First, Middle, Last) <i>(List name given at birth or on birth certificate)</i>				1. Name (First, Middle, Last) <i>(List name given at birth or on birth certificate)</i>			
Street Address <i>(Current Legal Residence)</i> <i>(See Note 1)</i>			County	Street Address <i>(Current Legal Residence)</i> <i>(See Note 1)</i>			County
Municipality of Residence <i>(See Note 4)</i>		State	Zip Code	Municipality of Residence <i>(See Note 4)</i>		State	Zip Code
1a. Current Name <i>(if different)</i>			2. Date of Birth	1a. Current Name <i>(if different)</i>			2. Date of Birth
3. Birthplace		4. Sex <input type="checkbox"/> M <input type="checkbox"/> F	5. Age <i>(See Note 2)</i>	3. Birthplace		4. Sex <input type="checkbox"/> M <input type="checkbox"/> F	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		Date _____	Place _____	<input type="checkbox"/> Single		Date _____	Place _____
<input type="checkbox"/> Widowed		_____	_____	<input type="checkbox"/> Widowed		_____	_____
<input type="checkbox"/> Divorced		_____	_____	<input type="checkbox"/> Divorced		_____	_____
<input type="checkbox"/> Annulled		_____	_____	<input type="checkbox"/> Annulled		_____	_____
<input type="checkbox"/> Current Domestic Partner		_____	_____	<input type="checkbox"/> Current Domestic Partner		_____	_____
<input type="checkbox"/> Former Domestic Partner		_____	_____	<input type="checkbox"/> Former Domestic Partner		_____	_____
<input type="checkbox"/> Current Civil Union Partner		_____	_____	<input type="checkbox"/> Current Civil Union Partner		_____	_____
<input type="checkbox"/> Former 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:				For Remarriage to the same spouse, or Reaffirmation of Civil Union to the same partner, enter date and place of original ceremony:			
<input type="checkbox"/> Marriage		Date _____	Place _____	<input type="checkbox"/> Marriage		Date _____	Place _____
<input type="checkbox"/> Civil Union		_____	_____	<input type="checkbox"/> Civil Union		_____	_____
7a. For Marriage License Applicants: Enter number of times ever Married <i>(if applicable)</i> :		7b. Name of Most Recent Spouse <i>(if any)</i> <i>(List name given at birth or on birth certificate):</i>		7a. For Marriage License Applicants: Enter number of times ever Married <i>(if applicable)</i> :		7b. Name of Most Recent Spouse <i>(if any)</i> <i>(List name given at birth or on birth certificate):</i>	
8a. For Civil Union Applicants: Enter number of times ever in a Civil Union <i>(if applicable)</i> :		8b. Name of Most Recent Civil Union Partner <i>(if any)</i> <i>(List name given at birth or on birth certificate):</i>		8a. For Civil Union Applicants: Enter number of times ever in a Civil Union <i>(if applicable)</i> :		8b. Name of Most Recent Civil Union Partner <i>(if any)</i> <i>(List name given at birth or on birth certificate):</i>	
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? If "YES," how? <input type="checkbox"/> Yes <input type="checkbox"/> No				11. Are you related to Applicant A? If "YES," how? <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		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.