

**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/Maiden name)</i>				1. Name (First, Middle, Last) <i>(List name given at birth or on birth certificate/Maiden name)</i>			
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
3. Birthplace		4. Sex <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Undesignated/ Non-Binary	5. Age <i>(See Note 2)</i>	3. Birthplace		4. Sex <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Undesignated/ Non-Binary	5. Age <i>(See Note 2)</i>
6. Domestic Status (at this time) (See Notes 3 and 5)				6. Domestic Status (at this time) (See Notes 3 and 5)			
		Date	Place			Date	Place
<input type="checkbox"/> Single		_____		<input type="checkbox"/> Single		_____	
<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. 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):		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):		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? <input type="checkbox"/> Yes <input type="checkbox"/> No If "YES," how?				11. Are you related to Applicant A? <input type="checkbox"/> Yes <input type="checkbox"/> 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.

