

**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) (List name given at birth or on birth certificate)				1. Name (First, Middle, Last) (List name given at birth or on birth certificate)			
Street Address (Current Legal Residence) (City, Borough, Twp.) (See Note 1)				Street Address (Current Legal Residence) (City, Borough, Twp.) (See Note 1)			
County (See Note 4)		State		Zip Code		County (See Note 4)	
a. Current Name (if different)		2. Date of Birth		1a. Current Name (if different)		2. Date of Birth	
Birthplace		4. Sex <input type="checkbox"/> M <input type="checkbox"/> F	5. Age(See Note 2)	3. Birthplace		4. Sex <input type="checkbox"/> M <input type="checkbox"/> F	5. Age(See Note 2)
Domestic Status (at this time) (See Notes 3 and 5)				6. Domestic Status (at this time) (See Notes 3 and 5)			
		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"/> 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:				6. For Remarriage to the same spouse, or Reaffirmation of Civil Union to the same partner, enter date and place of original ceremony:			
		Date		Place			
<input type="checkbox"/> Marriage		_____		_____		<input type="checkbox"/> Marriage	
<input type="checkbox"/> Civil Union		_____		_____		<input type="checkbox"/> Civil Union	
1. For Marriage License Applicants: 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):		7a. For Marriage License Applicants: 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):	
1. For Civil Union Applicants: 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):		8a. For Civil Union Applicants: 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):	
i. Father's Full Name		9b. Birthplace		9a. Father's Full Name		9b. Birthplace	
ia. Mother's Full Maiden Name		10b. Birthplace		10a. Mother's Full Maiden Name		10b. Birthplace	
. 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							
. 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:	
i. 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.