New Jersey Department of Health
APPLICATION FOR LICENSE

☐ **MARRIAGE**　　　☐ **REMARRIAGE**　　　☐ **CIVIL UNION**　　　☐ **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.)*
1. Name *(First, Middle, Last)* *(List name given at birth or on birth certificate/Maiden name)*	1. Name *(First, Middle, Last)* *(List name given at birth or on birth certificate/Maiden name)*
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 ☐ M ☐ F ☐ Undesignated/Non-Binary　　5. Age *(See Note 2)*	3. Birthplace　　4. Sex ☐ M ☐ F ☐ Undesignated/Non-Binary　　5. Age *(See Note 2)*

Domestic Status (Applicant A) — 6. Domestic Status (at this time) *(See Notes 3 and 5)*　　Date　　Place

☐ Single
☐ Widowed _____ _____
☐ Divorced _____ _____
☐ Annulled _____ _____
☐ Current Domestic Partner _____ _____
☐ Former Domestic Partner _____ _____
☐ Current Civil Union Partner _____ _____
☐ 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
☐ Marriage _____ _____
☐ Civil Union _____ _____

Domestic Status (Applicant B) — 6. Domestic Status (at this time) *(See Notes 3 and 5)*　　Date　　Place

☐ Single
☐ Widowed _____ _____
☐ Divorced _____ _____
☐ Annulled _____ _____
☐ Current Domestic Partner _____ _____
☐ Former Domestic Partner _____ _____
☐ Current Civil Union Partner _____ _____
☐ 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
☐ Marriage _____ _____
☐ 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? ☐ Yes ☐ No　If "YES," how?		11. Are you related to Applicant A? ☐ Yes ☐ 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.**

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