

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>		
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 <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 _____ <input type="checkbox"/> Marriage <input type="checkbox"/> Civil Union _____			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"/> 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.

UPON COMPLETION, APPLICATION IS TO BE RETAINED AS A PERMANENT RECORD.

DECLARATION OF IDENTIFYING WITNESS

(Giving false information constitutes perjury)

1. Name (First, Middle, Last): _____
Mailing Address (Street/PO Box): _____
City: _____ State: _____ Zip Code: _____
2. Have the applicants correctly stated their ages and usual residences? Yes No
3. Did the applicants make you aware of any legal impediment to their marriage / remarriage / civil union / reaffirmation of civil union? Yes No
- If "Yes," explain: _____

OATH OR AFFIRMATION OF APPLICANTS AND IDENTIFYING WITNESS

NOTE TO REGISTRAR - Applicants and witness should be told that taking a false oath constitutes perjury, which is punishable by a maximum fine of \$7,500.00. In any case where application is made by only one applicant to begin the waiting period, the same identifying witness must return when the second applicant completes the application. In such a case the same witness must sign once again on the line below that on which he/she signed when appearing with the first applicant.

We, who have hereunder signed our names, do solemnly swear (or affirm) that we are not currently ruled mentally incompetent, the answers given by us in this application for a marriage, remarriage, civil union, or reaffirmation of civil union license are true, full and perfect answers to each and all of said questions.

Signature of Applicant A: _____ Date: _____
Signature of Applicant B: _____ Date: _____
Signature of Witness: _____ Date: _____
Second Signature of Witness (if necessary): _____ Date: _____

Sworn (or affirmed) and subscribed before me at _____
this _____ day of _____, 20____ at _____ AM _____ PM

Signature of Registrar: _____

REGISTRAR - DO NOT insert place and date of ceremony or file the application until either the completed certificate or copy thereof is sent to you. Follow-up on all licenses for completion.

License Number: _____ Date of Issue: _____

Ceremony Performed in (City, Borough, Twp.): _____

Date of Ceremony: _____

NOTE 1. This is the permanent home and principal establishment to which, when absent, the applicant intends to return.

NOTE 2. Written consent of both parents is required for the marriage or civil union of any person under eighteen years of age. In addition, if any person is under sixteen, the consent of the parents must be approved in writing by a judge of the Superior Court, Chancery Division, Family Part. Consent of parents is required for the remarriage or reaffirmation of civil union of a minor previously married or joined in a civil union to the same partner in another state.

NOTE 3. When a remarriage or reaffirmation of civil union license is requested, indicate in Question 6 that the parties are already married or joined in a civil union. It is required that proof of the previous marriage or civil union be submitted to you. Common law marriages, which were legal prior to December 1, 1939, must be established by affidavit showing the place and date of the common law marriage

contract. The place and date of the previous marriage or civil union should be stated on both the application and the license. The seventy-two hour waiting period is waived. Consent of parents is required for the remarriage or reaffirmation of a civil union of a minor previously joined in a marriage or civil union to the same partner in another state.

NOTE 4. Municipality of residence is the municipality where applicant physically resides, not the mailing address. If both applicants are nonresidents of New Jersey, the application must be made in the municipality where the ceremony will be performed. Registrar should mark the license accordingly.

NOTE 5. The Registrar's review of a divorce decree, dissolution of Civil Union, or termination of Domestic Partnership, submitted with this application, in no way implies the validity of the submitted document. Such determination can only be made by a court of law.

APPLICANTS MUST PROVIDE THEIR SOCIAL SECURITY NUMBERS (TITLE 37:1-17)

Social Security Number of Applicant A

□ □ □ □ - □ □ □ - □ □ □ □ □ □

Social Security Number of Applicant B

□ □ □ □ - □ □ □ - □ □ □ □ □ □

Social Security Numbers shall be kept confidential and may only be released for child support purposes and shall not be considered a public record pursuant to P. L. 1963, C.73 (C.47:1A-1 et seq.)

TOWNSHIP OF GREEN BROOK
OBTAINING A MARRIAGE/CIVIL UNION LICENSE

1. One of the applicants must reside in the municipality where the application is made.
2. At least 72 hours prior to the ceremony, we suggest a week to two weeks prior, the applicants and a witness, 18 years of age or older, must make application at the Clerk's office located at 111 Greenbrook Road any day between the hours of 9:00 AM and 3:00 PM, Monday - Friday. No appointment is necessary but it would be appreciated if you advise this office when you will be coming.
3. Bring a certified copy of your birth certificate, photo identification (driver's license and/or passport or another form of valid identification), and Social Security card.
4. If you were previously married, in a civil union, or domestic partnership bring the sealed court documents certifying that it has been dissolved.
5. You will also need to know the City and State in which you were born.
6. Know your father's full name, your mother's full MAIDEN name and the State or Country in which they were born.
7. Know the name and mailing address of the person who will be performing the ceremony.
8. The fee for this application is \$28.00.
9. You may pick up your completed certificate no sooner than 72 hours after you have made your application. The ceremony must take place within 30 days from the day you pick it up or it becomes null and void.
10. Certified copies of may be obtained in the municipality where your ceremony takes place.

Any questions please feel free to contact Bill Gallagher at (732) 968-1023 X-6602.