New Jersey Department of Health APPLICATION FOR LICENSE

REAFFIRMATION OF CIVIL UNION

(PLEASE PRINT OR TYPE)

CIVIL UNION

			-				
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. Da	te of Birth	1a. Current Name (if different)		2.	Date of Birth
3. Birthplace	4. Sex 🗌 M 🗋 Undesign Non-Binar	ated/	5. Age (See Note 2)	3. Birthplace		4. Sex M M	F 5. Age (See Note 2)
6. Domestic Status (at this time) (See N	lotes 3 and 5)			6. Domestic Status (at this tim	, .	,	
Date		Plac	ce		Date	P	lace
Single				Single			
Widowed				Widowed			
Divorced				Divorced			
Annulled				Annulled			
Current Domestic Partner				Current Domestic Partner			
Partner				Former Domestic Partner			
Current Civil Union Partner				Current Civil Union Partner			
Former Civil Union Partner				Former Civil Union Partner			
For Remarriage to the same spouse, same partner, enter date and place o Marriage Civil Union				For Remarriage to the same same partner, enter date an Marriage Civil Union		iginal ceremony:	il Union to the lace
	e of Most Recent birth or on birth ce		e (if any) (List name e/Maiden name):	7a. Enter number of times ever Married <i>(if applicable)</i> :		of Most Recent Spou th or on birth certific	use (if any) (List name ate/Maiden name):
8a. 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/ Maiden name</i>):			8a. 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> Maiden name):				
9a. Parent's Full Name at Birth 9b. Birthplace		9a. Parent's Full Name at Birth	arent'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		10b. Birthplace			
11. Are you related to Applicant B? If "YES," how?	Yes	Γ	No	11. Are you related to Applicant If "YES," how?	: A?	Yes	No
	INFORM	ΙΑΤΙΟ	N TO BE COMPL	ETED BY EITHER APPLIC	ANT		
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 Num applicant can no		
15. Name and mailing address of person who is to perform the ceremony:				16. Mailing Address where you	may be reac	hed after the cerem	ony:

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.

			Date	e:	
Signature of Applicant B:			Date	e:	
Signature of Witness:				e:	
Second Signature of Witness (if necessary):			Date	9:	
Sworn (or affirmed) and s	ubscribed before me at				
this	_ day of	, 20	at	AM	PM
Signature of Registrar:					
	sert place and date of ceremony ow-up on all licenses for completi		ion until either t	he completed certific	ate or copy
License Number:		Date of Is	ssue:		
	City, Borough, Twp.):				

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

NOTE 2. Both applicants must be a minimum of 18 years of age at the time of application.

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 (N. J. S. 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 this document shall not be considered a public record pursuant to P. L. 1963, C.73 (C.47:1A-1 et seq.).				