New Jersey Department of Health APPLICATION FOR LICENSE

**REAFFIRMATION OF CIVIL UNION** 

(PLEASE PRINT OR TYPE)

**CIVIL UNION** 

DECLARATION C		DECLARATION OF APPLICANT B			
(Giving false information		(Giving false information constitutes perjury.)			
1. Name (First, Middle, Last) (List name given at birth or on birth certh	ficate/Maiden name)	1. Name (First, Middle, Last) (List name given at birth or on birth certificate/Maiden name)			
Street Address (Current Legal Residence	e) (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 Age Undesignated/ Non-Binary	3. Birthplace 4. Sex M F (See Note 2) Undesignated/ Non-Binary			
6. Domestic Status (at this time) (See Note	-	6. Domestic Status (at this time) (See Notes 3 and 5)			
Date Single	Place	Date Place			
Divorced					
Annulled					
Current Domestic					
Partner		Partner			
Partner		Partner			
Current CivilUnion Partner		Union Partner			
Former Civil Union Partner		Former Civil Union Partner			
For Remarriage to the same spouse, or same partner, enter date and place of or Date 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       Image     Place			
	of Maat Bacant Spauce (if any) (Lie	st name 7a. Enter number of times ever 7b. Name of Most Recent Spouse (if any) (List name			
	of Most Recent Spouse (if any) (Lis th or on birth certificate/Maiden nai				
in a Civil Union (List na	of Most Recent Civil Union Partner me given at birth or on birth certific name):	( <i>if any</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> <i>Maiden name</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?	Yes No	11. Are you related to Applicant A? Yes No If "YES," how?			
	INFORMATION TO BE C	COMPLETED BY EITHER APPLICANT			
12. In which Incorporated Municipality in Ne to be performed? (See Note 4)	w Jersey do you intend for the cere	emony 13 Intended Date of Ceremony 14. Telephone Number where either applicant can now be reached:			
15. Name and mailing address of person whether the second se	no is to perform the ceremony:	16. Mailing Address where you may be reached after the ceremony:			

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

## **DECLARATION OF IDENTIFYING WITNESS**

(Giving false information constitutes perjury)

۱.	Name (First, Middle, Last):					
	Mailing Address (Street/PO Box):					
	City:	State:	Zip	o 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:			Dat	e:		
Signature of Applicant B:			Dat	e:		
Signature of Witness:				e:		
Second Signature of Witness (if necessary):				e:		
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 Is	ssue:			
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**. 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.).					