

**New Jersey Department of Health and Senior Services  
APPLICATION FOR MARRIAGE LICENSE**

*(PLEASE PRINT OR TYPE)*

<b>DECLARATION OF MALE APPLICANT</b> <i>(Giving false information constitutes perjury.)</i>		<b>DECLARATION OF FEMALE APPLICANT</b> <i>(Giving false information constitutes perjury.)</i>	
1. Name (First, Middle, Last)		1. Name (First, Middle, Maiden Name)	
Street Address <i>(Current Legal Residence)</i> (City, Borough, Twp) <i>(See Note 1)</i>		Street Address <i>(Current Legal Residence)</i> (City, Borough, Twp) <i>(See Note 1)</i>	
County <i>(See Note 4)</i>	State      Zip Code	County <i>(See Note 4)</i>	State      Zip Code
2. Birthdate	3. Age <i>(See Note 2)</i>	1a. Current Name <i>(if different)</i>	2. Birthdate
4. Birthplace		3. Birthplace	4. Age <i>(See Note 2)</i>
5. Marital Status (at time of this marriage) <i>(See Notes 3 and 5)</i>		5. Marital Status (at time of this marriage) <i>(See Notes 3 and 5)</i>	
<input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Annulled		<input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Annulled	
Date _____ Place _____		Date _____ Place _____	
6. Number of Times Previously Married <i>(if applicable)</i>		6. Number of Times Previously Married <i>(if applicable)</i>	
7. Maiden Name of Most Recent Wife <i>(if any)</i>		7. Name of Most Recent Husband <i>(if any)</i>	
8a. Father's Full Name	8b. Birthplace	8a. Father's Full Name	8b. Birthplace
9a. Mother's Full Maiden Name	9b. Birthplace	9a. Mother's Full Maiden Name	9b. Birthplace
10. Are you related to the Bride? <input type="checkbox"/> Yes <input type="checkbox"/> No If "YES," how:		10. Are you related to the Groom? <input type="checkbox"/> Yes <input type="checkbox"/> No If "YES," how:	
11. Are you infected with Venereal Disease in a communicable stage? <input type="checkbox"/> Yes <input type="checkbox"/> No		11. Are you infected with Venereal Disease in a communicable stage? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>INFORMATION TO BE COMPLETED BY EITHER MALE OR FEMALE APPLICANT</b>			
1. In which Incorporated Municipality in New Jersey do you intend to be married? <i>(See Note 4)</i>		2. Intended Date of Marriage	3. Telephone Number where either party can now be reached.
4. Name and mailing address of person who is to perform the marriage.		5. Mailing Address where you may be reached after marriage.	

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 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 of a minor previously married to the same mate in another state.

NOTE 3. When a remarriage license is requested, adjust 5 for the male and female applicant to show that the parties are already married. It is required that proof of the previous marriage 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 should be stated on both the application and the license. The seventy-two hour waiting period is waived in remarriage cases. Consent of parents is required for the remarriage of a minor previously married to the same mate in another state.

NOTE 4. If both applicants are nonresidents of New Jersey, the marriage must occur where license is issued. Registrar should so mark license.

NOTE 5. The Registrar's use of a divorce decree submitted with this application in no way implies its validity. Such a determination can only be reached in a court of law.

Continue with Declaration of Identifying Witness and Oath.

