

## **Marriage Application Procedures**

**Please call the Borough Registrar for an appointment, 908-766-3000 x115. Office hours are Monday to Friday, 8:30am to 4:30pm.**

Applicants apply in their municipality of residence. If at least one applicant resides in Bernardsville, they may apply with the Registrar in Bernardsville. If both applicants are from out of state, they would apply in the municipality where they are getting married.

At the time of application at Borough Hall, be sure to bring:

- **Photo ID and proof of residence**

- **A \$28.00 fee**

You may bring:

- A witness (18 years or older). If you do not bring a witness, we will have an employee witness the application.

If any documents are in a foreign language they must be accompanied by an English translation.

You may complete the application on the following pages, however, please note:

You cannot sign the "Oath or Affirmation of Applicants and Identifying Witness", until you are in the Office of the Municipal Registrar. You must sign the application, while under oath, in the presence of the issuing authority.

**There is a 72 hour waiting period between the filing of the application and the issuance of the license. This 72 hour waiting period begins at the time the application is filed with the local Registrar.**

**New Jersey Department of Health  
APPLICATION FOR LICENSE**

MARRIAGE       REMARRIAGE       CIVIL UNION       REAFFIRMATION OF CIVIL UNION

(PLEASE PRINT OR TYPE)

<b>DECLARATION OF APPLICANT A</b> <i>(Giving false information constitutes perjury.)</i>				<b>DECLARATION OF APPLICANT B</b> <i>(Giving false information constitutes perjury.)</i>			
1. Name (First, Middle, Last) <i>(List name given at birth or on birth certificate/Maiden name)</i>				1. Name (First, Middle, Last) <i>(List name given at birth or on birth certificate/Maiden name)</i>			
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 <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Undesignated/ Non-Binary	5. Age <i>(See Note 2)</i>	3. Birthplace		4. Sex <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Undesignated/ Non-Binary	5. Age <i>(See Note 2)</i>
6. Domestic Status (at this time) (See Notes 3 and 5) Date _____ Place _____				6. Domestic Status (at this time) (See Notes 3 and 5) Date _____ Place _____			
<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"/> Current Civil Union 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"/> Current Civil Union 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: <input type="checkbox"/> Marriage Date _____ Place _____ <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: <input type="checkbox"/> Marriage Date _____ Place _____ <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No If "YES," how?				11. Are you related to Applicant A? <input type="checkbox"/> Yes <input type="checkbox"/> No If "YES," how?			
<b>INFORMATION TO BE COMPLETED BY EITHER APPLICANT</b>							
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.**

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?
3. Did the applicants make you aware of any legal impediment to their marriage / remarriage / civil union / reaffirmation of civil union?
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.

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. 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.

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.

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.).