

**CITY OF LONG BRANCH
HEALTH AND VITAL STATISTICS
344 BROADWAY
LONG BRANCH, NJ 07740
(732) 571-5665**

WHERE TO APPLY

The marriage or civil union license must be obtained from registrar in the New Jersey municipality in which either applicant resides, if one or both is a resident of New Jersey.

If both parties are not residents of New Jersey, the license must be obtained from the Registrar of the municipality where the ceremony is to be performed and is **only** good for use in that municipality.

WHEN/HOW TO APPLY

Approximately 2 weeks prior to the Ceremony:

1. Marriage license applications must be made at least 72 hours prior to the intended date of ceremony.
2. Applications are done between the hours 8:30 AM to 3:00 PM Monday through Friday.

APPLICATION REQUIREMENTS

Present at application time:

1. Both applicants
2. One witness 18 years or older who reads, writes, and understands English.

Required Documents:

1. Valid Driver's License, Passport or State/Federal ID
2. Proof of Residency
3. \$28.00 fee exact change, Check or Charge (Visa/Mastercard/Discover/Amex)

Required Information

1. Date of Marriage
2. Title, Name and Address of Person Performing the Marriage (Rev., Pastor, Judge, Mayor, etc.)
3. Social Security Numbers
4. Parents Place of Birth (State only/ If born outside of US -Country only)
5. Both Mother's Maiden Name
6. If Divorced-Exact Date of Divorce & State/Country in which filed
7. If Widowed-Exact Date of Death of Spouse & Town/State Where passed away

MARRIAGE LICENSE APPLICATION INSTRUCTIONS

Application may be completed at the Registrar's office or before coming in by accessing the on the City of Long Branch website longbranch.org by clicking on Health in Departments.

Applicants will complete their information in sections A & B.

1. Application must be written clearly with no cross out or white out
2. Witness must complete their section of application at Registrar's office
3. NO ONE IS SIGN THE APPLICATION.

**New Jersey Department of Health
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/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 (See Note 2)		3. Birthplace	4. Sex <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Undesignated/ Non-Binary	5. Age (See Note 2)	
6. Domestic Status (at this time) (See Notes 3 and 5)				6. Domestic Status (at this time) (See Notes 3 and 5)			
<div style="display: flex; justify-content: space-between;"> Date Place </div> <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				<div style="display: flex; justify-content: space-between;"> Date Place </div> <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?			
INFORMATION TO BE COMPLETED BY EITHER APPLICANT							
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.

DECLARATION OF IDENTIFYING WITNESS

(Giving false information constitutes perjury)

- Name (First, Middle, Last): _____
Mailing Address (Street/PO Box): _____
City: _____ State: _____ Zip Code: _____
 - Have the applicants correctly stated their ages and usual residences? ☐ Yes ☐ No
 - 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. 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.).