

**TO THE OFFICIANT**

STATE LAW REQUIRES THAT THE OFFICANT MUST RETURN COPIES 1 & 2 OF THE LICENSE TO THE REGISTRAR'S OFFICE OF THE MUNICIPALITY IN WHICH THE CEREMONY WAS PERFORMED, WITHIN 5 DAYS AFTER THE CEREMONY.

1. The State will **NOT** accept cross-outs, white out, or any erasures, if an error occurs, a duplicate license will be needed.
2. Only use unfading blue or black ink to complete the licenses.
3. The licenses become a permanent record with the State and with the town in which the ceremony took place.
4. No type of seal shall be placed on the license.
5. Once the licenses are signed and completed, give copy 3 to the couple as a receipt and retain copy 4 for your own records.
6. Please inform the couple that certified copies must be obtained from the Registrar's office in the municipality where the ceremony was performed. They will need to contact the Registrar's office within 10-14 days after the ceremony.
7. Certified copies are **NOT** automatically mailed to the couple.

PLEASE PROVIDE YOUR DAYTIME PHONE # \_\_\_\_\_ SO THE REGISTRAR'S OFFICE MAY REACH YOU IF NECESSARY.

**OFFICIANT:** (Please fill out all of the information below)

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Date of Ceremony:** \_\_\_\_\_

**Municipality of Ceremony:** \_\_\_\_\_

**WITNESSES:**

1) \_\_\_\_\_

(Print Name)

(Full Address)

2) \_\_\_\_\_

(Print Name)

(Full Address)

Local Registrar File No.

NEW JERSEY DEPARTMENT OF HEALTH CERTIFICATE OF MARRIAGE

FOR STATE USE ONLY

See reverse side for instruction.

1. FULL NAME OF SPOUSE A (List name given at birth or on birth certificate/Maiden name)

THIS WILL BE FILLED IN ALREADY

Place

2. FULL NAME OF SPOUSE B (List name given at birth or on birth certificate/Maiden name)

THIS WILL BE FILLED IN ALREADY

3. PLACE OF MARRIAGE (MUNICIPALITY AND COUNTY)

CITY AND COUNTY ONLY

4. DATE OF MARRIAGE

the ceremony date

5a. PRINTED NAME OF PERSON PERFORMING CEREMONY

YOUR LEGAL NAME

5b. SIGNATURE OF PERSON PERFORMING CEREMONY

X CLERGY SIGNATURE

5c. TITLE

YOUR OFFICIAL TITLE

ADDRESS

COMPLETE ADDRESS

CITY

STATE

ZIP CODE

6a. PRINTED NAME OF WITNESS

THIS MUST BE COMPLETED BY WITNESS 1

6b. SIGNATURE OF WITNESS

X WITNESS 1 SIGNATURE

6c. ADDRESS

THIS MUST BE COMPLETED BY WITNESS 1

CITY

STATE

ZIP CODE

7a. PRINTED NAME OF WITNESS

THIS MUST BE COMPLETED BY WITNESS 2

7b. SIGNATURE OF WITNESS

X WITNESS 2 SIGNATURE

7c. ADDRESS

THIS MUST BE COMPLETED BY WITNESS 2

CITY

STATE

ZIP CODE

8a. SIGNATURE OF LOCAL REGISTRAR

X

DO NOT FILL IN

8b. DATE RECEIVED

DO NOT FILL IN

MARRIAGE LICENSE

License No. \_\_\_\_\_

9a. DATE OF APPLICATION

9b. TIME OF APPLICATION

[ ] AM

[ ] PM

9c. PLACE OF APPLICATION - Municipality

10a. DATE

10b. TIME LICENSE ISSUED

[ ] AM

[ ] PM

11. EXPIRATION DATE

County

12b. SIGNATURE OF LOCAL REGISTRAR

X

13a. FULL NAME

22a. FULL NAME OF APPLICANT B

13b. RESIDENCE ADDRESS

RESIDENCE ADDRESS

22c. COUNTY

13d. MUNICIPALITY OF RESIDENCE, STATE

RESIDENCE, STATE

14a. DATE OF BIRTH

14b. AGE

15. SEX

16. BIRTHPLACE

25. BIRTHPLACE

17. CURRENT DOMESTIC STATUS

[ ] Single

[ ] Divorced

Domestic Partner: [ ] Current or [ ] Former

[ ] Widowed

[ ] Annulled

Civil Union Partner: [ ] Current or [ ] Former

18a. NO. OF TIMES EVER MARRIED

18b. NAME OF MOST RECENT SPOUSE, IF ANY (List name given at birth or on birth certificate/Maiden name)

27a. NO. OF TIMES MARRIED

19a. NO. OF TIMES EVER IN CIVIL UNION

19b. NAME OF MOST RECENT PARTNER, IF ANY (List name given at birth or on birth certificate/Maiden name)

28a. NO. OF TIMES EVER IN CIVIL UNION

28b. NAME

20a. PARENT'S FULL NAME AT BIRTH

20b. BIRTHPLACE

29a. PARENT'S FULL NAME AT BIRTH

29b. BIRTHPLACE

21a. PARENT'S FULL NAME AT BIRTH

21b. BIRTHPLACE

30a. PARENT'S FULL NAME AT BIRTH

30b. BIRTHPLACE

THIS SECTION WILL BE FILLED OUT BY THE REGISTRAR PLEASE ENSURE THAT THE EXPIRATION DATE (#11) HAS NOT PASSED