



Township of Cranford

Health Department

8 Springfield Avenue • Cranford, New Jersey 07016-2199
(908) 709-7238 • Fax (908) 497-1540
health@cranfordnj.org

You must call to schedule an appointment to
Apply for a Marriage License

NO WALK-INS ACCEPTED

(908) 709-7238

Please review the attached
“Marriage License Application Process”
before completing the Application and
scheduling an appointment.



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Marriage License Application Process

Application is made in the municipality in which the at least one of the parties resides, or if neither party resides in New Jersey, the couple applies in the municipality where the marriage will take place. The Marriage must take place in the State of New Jersey.

You must schedule an appointment to apply for a license and to pick up the license.

Cranford Registrar - 908 709-7238
Monday – Friday 09:15 AM – 1:15 PM

At the time of application, the couple must bring:

- **Witness over the age of 18** that knows both parties. All three parties must speak English or bring a translator.
- **Proof of residency (for Cranford resident)**, such as Lease, Mortgage, recent Utility bill, Tax return, etc.
- **Proof of identity that contains a photo:**
 - Government issued picture ID
 - Driver's License
 - Passport
- If previously married/domestic partnership/civil union partnership, you do not need to bring proof but will need to know date & place of divorce/annulment/etc.
- Need to know Parent's full name at birth and their place of birth

There is a 72-hour waiting period from the time of the application until the time of issuance. Please allow an ample amount of time before ceremony occurs to obtain your license. Once the license is issued, it is valid for 30 days.

The **fee for a marriage license is \$28.00**. The couple can pay by check, cash or credit card, not American Express. **If paying by cash, you must bring exact amount.** Checks are to be made out to "Cranford Health Department".

Picking up the license

You must schedule an appointment to pick up the license.

Cranford Registrar - 908 709-7238
Monday – Friday 9:15 AM – 1:15 PM

One of the applicants or the witness can pick up the license after the 72-hour waiting period.

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

☒ **MARRIAGE** ☐ **REMARRIAGE** ☐ **CIVIL UNION** ☐ **REAFFIRMATION OF CIVIL UNION**

(PLEASE PRINT OR TYPE)

DECLARATION OF APPLICANT A
(Giving false information constitutes perjury.)

1. Name (First, Middle, Last)
(List name given at birth or on birth certificate/Maiden name)

Street Address (Current Legal Residence) (See Note 1) County

Municipality of Residence (See Note 4) State Zip Code

1a. Current Name (if different) 2. Date of Birth

3. Birthplace 4. Sex ☐ Male ☐ Female ☐ Undesignated / Non-Binary 5. Age (See Note 2)

6. Domestic Status (at this time) (See Notes 3 and 5)

Date Place

☐ Single
☐ Widowed
☐ Divorced
☐ Annulled
☐ Current Domestic Partner
☐ Former Domestic Partner
☐ Current Civil Union Partner
☐ 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:

☐ Marriage Date Place
☐ 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):

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

10a. Parent's Full Name at Birth 10b. Birthplace

11. Are you related to Applicant B? ☐ Yes ☐ No
If "YES," how?

DECLARATION OF APPLICANT B
(Giving false information constitutes perjury.)

1. Name (First, Middle, Last)
(List name given at birth or on birth certificate/Maiden name)

Street Address (Current Legal Residence) (See Note 1) County

Municipality of Residence (See Note 4) State Zip Code

1a. Current Name (if different) 2. Date of Birth

3. Birthplace 4. Sex ☐ Male ☐ Female ☐ Undesignated / Non-Binary 5. Age (See Note 2)

6. Domestic Status (at this time) (See Notes 3 and 5)

Date Place

☐ Single
☐ Widowed
☐ Divorced
☐ Annulled
☐ Current Domestic Partner
☐ Former Domestic Partner
☐ Current Civil Union Partner
☐ 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:

☐ Marriage Date Place
☐ 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):

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

10a. Parent's Full Name at Birth 10b. Birthplace

11. Are you related to Applicant A? ☐ Yes ☐ 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:

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? ☐ 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: _____ 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.).