



Township of Cranford

8 Springfield Avenue • Cranford, New Jersey 07016-2199

HEALTH DEPARTMENT

VITAL STATISTICS

Appointments are required to apply for a marriage license, walk ins are not accepted.

Vital Statistics staff is available Monday through Friday 9:15a-3pm. Please call (908) 709-7238 to schedule your application appointment.

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

(908) 709-7238 • Fax (908) 497-1540 health@cranfordnj.org



Township of Cranford

8 Springfield Avenue • Cranford, New Jersey 07016-2199

Marriage License Application Process

Application is made in the municipality in which 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

Appointments are available Monday- Friday 9:15 AM – 3:00 PM

At the time of application, the couple must provide:

- A witness over the age of 18 who knows both parties. All three parties must have government issued picture identification. If English is not spoken, please bring a translator.
- Proof of residency for the Cranford resident. A Driver's License with current Cranford address and a utility bill with said Cranford address are required.
 - Proof of Government issued picture ID that contains a photo is required such as
 - Driver's License, Passport
- If previously married/domestic partnership/civil union partnership, the date and place of divorce/annulment/etc. is required. You do not need to bring proof of divorce or annulment.
- Parent's full name at birth, their place of birth and mother's maiden name are required.

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. You may pay by check, cash or credit card (not American Express) or money order. If paying by cash, you must bring exact amount. Checks are to be made out to "Township of Cranford".

You must schedule an appointment to pick up the license. One of the applicants or the witness can pick up the license after the 72-hour waiting period.

(908) 709-7238 • Fax (908) 497-1540 health@cranfordnj.org

**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"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Undesignated / Non-Binary | 5. Age (See Note 2) | | 3. Birthplace | 4. Sex <input type="checkbox"/> Male <input type="checkbox"/> Female <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) | | | |
| <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 Date _____ Place _____ | | | | 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 Date _____ Place _____ | | | |
| 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: | | | |

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.).